Outreach Partnership Program: Final Report of the Feasibility Study

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1. INTRODUCTION

1.1 Overview of the NIMH Outreach Partnership Program

The National Institute of Mental Health (NIMH) Outreach Partnership Program (OPP) is an effort aiming to expand community outreach, engender public trust, and make the work of the NIMH and its partners transparent to the general public. It involves mental health organizations — one per state in most cases — that receive programmatic support and assistance to increase efficiency in their outreach to other local and state organizations, to persons with symptoms of mental illness and their families, and to the general public. The specific long-term goals of the program are as follows:

- Disseminate science-based information on accurate diagnosis and treatment of mental illnesses and substance abuse disorders to state and local organizations.
- Allow partners to learn about and contribute to the NIMH research priority-setting process.
- Encourage individuals with symptoms of mental illness and/or substance or alcohol abuse and their families to seek help.
- Diminish mental illness and substance abuse health care disparities, including access to care and treatment in underserved populations such as minority groups, people living in rural areas, children, and older adults.
- Reduce or eliminate mental illness and substance abuse disorder-related stigma and discrimination.

The program is linked to three of the U.S. Department of Health & Human Services' (HHS's) strategic goals. The goals and the specific objectives that relate to the program are:

- Goal 1: Reduce the major threats to the health and well-being of Americans, Objective 1.4: Reduce substance abuse;
- Goal 4: Enhance the capacity and productivity of the Nation's health science research enterprise, Objective 4.4: Improve the coordination, communication, and application of health research results; and
- Goal 5: Improve the quality of health care services, Objective 5.3: Increase consumer and patient use of health care quality information.

The Outreach Partners are organizations that focus their activity on mental health prevention and treatment, and/or substance abuse prevention and treatment, including comorbidity with substance abuse. Organizations that become involved in this program are expected to perform the following activities:

1. Establish a working relationship with a scientific qualified advisor who agrees to review all locally developed public and professional education materials and messages (including presentations) for scientific accuracy.
2. Use print and broadcast media to promote science-based messages on mental health and mental illness that target the public, particularly individuals with mental disorders and family members, throughout their state.
3. Implement an outreach program to reach minority groups, including African Americans, Asian Americans and Pacific Islanders, Hispanics/Latinos, or Native American/Alaskan Natives, with science-based mental health messages throughout their state.
4. Attend all annual meetings of the NIMH Outreach Partners and participate in other scheduled trainings or technical assistance opportunities, as appropriate.
5. Work with universities and other research institutions within their state to stimulate recruitment of volunteers to participate in clinical trials sponsored by NIMH.

AND either

6. Conduct science-based presentations for groups that serve as gatekeepers to a special population (e.g., older adults, school-aged children, rural populations, and college-aged adults).

OR

7. Design and conduct presentations to management staff, employee assistance professionals, or employees at the worksite(s) of at least one major employer in their state.

NIMH provides the following benefits to for the Outreach Partnership organizations to facilitate their performing these activities:

- Annual stipend of $7,500
- Increased NIMH publications-ordering capability
- A newsletter, *NIMH Update,* twice a month
- Membership in the Outreach Partner listserv

- Access to a Partners-only website
- Free participation in annual meetings
- Periodic teleconferences
- Learning from the other partners: progress reports allow Outreach Partners to showcase successful outreach activities and beneficial partnerships
- Access to National Institute on Drug Abuse (NIDA) publications
- Formal association with NIH/NIMH, which enhances Outreach Partners' visibility and provides organizations with the most up-to-date, science-based information.

1.2 Overview of the Feasibility Study

Westat conducted a feasibility evaluation study to assess whether the Outreach Partnership Program, as it approaches its fifth year of operation, warrants a full-scale evaluation. The following questions guided the feasibility study:

1. What variables could serve as outcome measures when assessing if the program is meeting its goals? Of these, which are practical and efficient measures?
   a) Of the existing data, what can be used to evaluate the program? Is it necessary to collect new data to conduct a formal outcome evaluation?
   b) If new data need to be collected, what types are needed; what measures need to be developed; and what research methodologies should be employed when conducting the formal evaluation?
2. What do the currently available data tell us about program functioning and improvement over the last five years?
3. Is there adequate justification for a large-scale evaluation? If so, what is the most appropriate approach?

The components of the feasibility study are shown below. Each is described more fully in the following sections of this report.

- Developed a logic model for the OPP;
- Conducted in-depth interviews with nine Outreach Partners;
- Reviewed and conducted some analyses of progress report data;

- Reviewed tables and barcharts that summarize publications distribution;
- Reviewed reports of annual meeting evaluations; and
- Conducted a literature review.

13 Logic Model

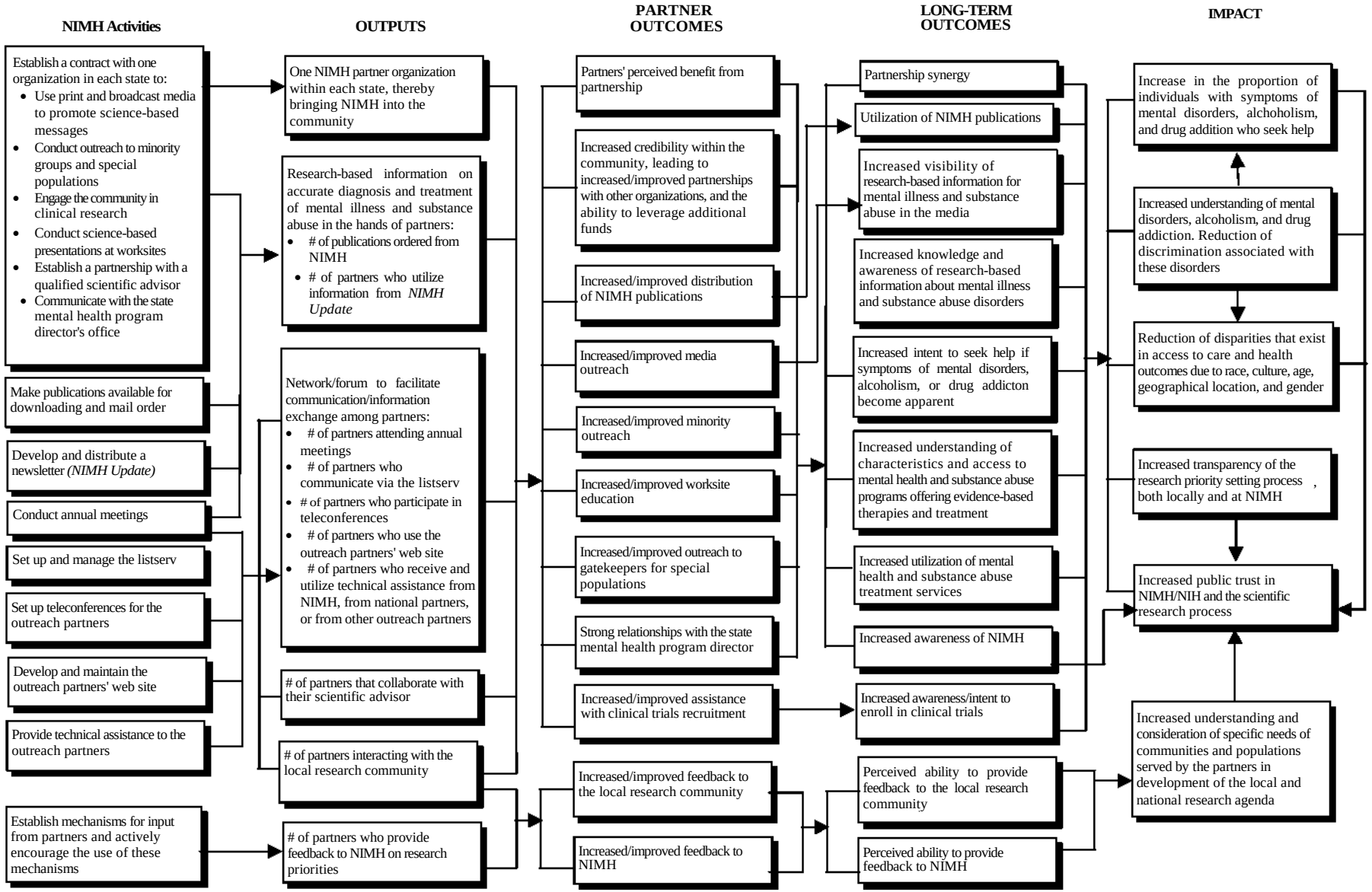
One feasibility study activity was the development of a logic model for the Outreach Partnership Program (Figure 1). The following definitions, which are based on the W.K. Kellogg Foundation's *Logic Model Development Guide* (2000) and Love's presentation to the Evaluators Institute (2001), were used in the development of the logic model:

- **Program resources** include the human, financial, organizational, and community resources that a program has available to direct toward doing the work.
- **Program activities** are the processes, tools, events, technology, and actions that are an intentional part of the program implementation.
- **Program outputs** are the direct results or products of program activities. Outputs may include types, levels, and targets of services to be delivered by the program.
- **Program outcomes** are the specific changes in program participants' behavior, knowledge, skills, and level of functioning. Short-term outcomes are effects of activities expected to be measurable within a 1- to 3-year time frame; long-term outcomes are expected to be achieved in the future (within a 4- to 6-year time frame) as a result of the program.
- **Program impact** is the fundamental intended or unintended change occurring in the organizations, communities or systems as a result of program activities within 7 to 10 years.

1.4 Summary of the Research Methodology

The four kinds of data that were collected and/or reviewed as a part of the feasibility study were interviews with nine Outreach Partners, a review of progress report data with an analysis of some key variables, review of publications distribution data, and review of annual meeting evaluations. The methodology used with each of these datasets is described in this section.

Figure 1.—Logic Model for NIMH's Outreach Partnership Program



1.4.1 Interviews

Westat conducted semi-structured in-depth interviews with nine of the Outreach Partners, which were purposively selected based on several factors. First, the project contact had served in that role for a minimum of 1 year and had ideally been with the organization prior to the award of the OPP grant. Second, taken together, the interviewed organizations reflected the diversity of the partners in terms of size of staff, area of the country, and type of organization (affiliates of NAMI [National Alliance on Mental Illness], affiliates of the National Mental Health Association [NMHA], university, and other). Partners that were part of the 2005 grant competition (about half of the total) were excluded so that there would be no confusion between the grant process and participation in the study. The results of the interviews reflect the responses of the nine partners that participated and should not be generalized to all partners. At the same time, the nine participating partners are about one-fifth of all project partners. Therefore, the information provided can assist in guiding the program for the future.

The major topics covered in the interviews were the benefits of partnership, NIMH resources and services, activities of the state partners, data collected by the partners, and project outcomes. Thus, the interviews focused on the partner outcomes in the logic model and the data that partners were collecting that related to the outcomes. However, several interview questions also addressed NIMH activities, outputs, and long-term outcomes in the logic model. The interview guide is shown in Appendix A.

The semi-structured interviews were conducted to explore the types of information that might be available from the Outreach Partners. While most questions on the interview guide were asked of most respondents, a few questions that initial interviewees found difficult to answer were not included in later interviews. At the same time, additional questions that were not in the guide were asked to obtain additional information about some responses provided by the interviewees.

1.4.2 Progress Report Data

To date, four sets of progress report data have been collected from Outreach Partners. NIMH provided Westat with the data from all reports for review. The first two sets, technically called project reports were collected in March 2002 and September 2002. Progress reports were collected in 2003 and 2004.

Review of the data for the two project reports from 2002 showed that the September report contained about half of the variables of the March report. However, the variables that were retained were exactly the same. Both reports contained a number of open-ended questions in addition to some quantitative items.

In part because of the amount of time it was taking Outreach Partners to complete the reports, the form was redesigned. The progress report of 2003 reflects this new design. Most of the questions in the two reporting forms are different. A few questions appear to be very similar, but the type of response required in the two formats is so different that the questions cannot be considered comparable. Consequently, it is not possible to include the two reports from 2002 into any longitudinal analysis.

The progress report of 2004 is exactly the same as the 2003 version. Our review and analysis focused on these two reports. A hardcopy of the reporting form is shown in Appendix B. Generally, some of the questions in the progress report are related to some of the outputs and partner outcomes in the logic model. Since this was a feasibility study, NIMH and Westat determined that only certain key items would be included in the analysis in order to give a sense of the types of analyses that could be done in a full evaluation.

Progress report data are collected from Outreach Partners. Five states have secondary partners, which were to complete only the first section of the report called the organization report. Therefore, for this analysis, responses from secondary partners to other portions of the reporting form were excluded. NIMH preferred to have the data presented by state rather than by partner, so Westat and NIMH worked out the following approaches for combining the data for states with secondary partners:

- If one partner had a characteristic, it was considered to be present in the state;
- For staffing and volunteer levels, the response of the partner giving the larger response category was used;
- For questions involving frequency of an activity, the response of the partner giving the more frequent interaction was used; and
- For questions involving level of helpfulness, if the responses of the partners within a state differed, a random number generator was used if the responses involve adjacent categories; and if the categories differed by two categories, the average was used.

A few issues concerning the reporting form and the data base should be pointed out. They are:

- Some of the categories overlap; this is especially evident in the question involving the number of staff and volunteers; and
- Checks were not always done to ensure that responses for questions involving skip patterns had been done correctly. That is, for some questions, if the response is "No," the respondent is supposed to go on to a later question, which means that the question directly after it is skipped. However, on the progress reports, some Outreach Partners answered the question they were supposed to skip. When this situation is discovered, the Outreach Partner should be contacted to verify that the first answer is correct and that the next question should indeed be skipped.

In addition to the categorical data described above, the 2003 and 2004 progress reports data also contain a considerable amount of qualitative data from the open-ended questions. While the responses to the open-ended questions from individual states may be useful to OPP for administrative or monitoring purposes, for an evaluation, one wants to look at the program as a whole across all states. Therefore, a content analysis must be done of each open ended question. A content analysis involves reviewing all responses for a particular question, developing categories that cover the topics addressed in the responses, and counting the number of responses fitting into each category. Content analyses are quite time consuming. For the feasibility study, content analyses of responses to selected open-ended questions in the 2004 report were conducted. Some questions were selected because they provide an overview of OPP; other questions were selected by program staff.

1.4.3 Publications Distribution Data

NIMH produces many publications on a variety of mental health subject areas. State partners are eligible to order greater quantities of these materials than can be ordered by the general public. NIMH fulfills the orders to the extent possible, but sometimes runs out of particular publications. Consequently, the orders placed by the Outreach Partners do not exactly match the publications distributed to the partners. NIMH maintains a database of the distribution of all materials and the database contains a field indicating that the publications were sent to an Outreach Partner or to a third party designated by a partner. The database does not contain information on how the partners disseminated the publications within their states. To distinguish between the two levels of distribution, we will refer to information on publications sent from NIMH to the Outreach Partners as publication distribution data, whereas information on publications distributed by the Outreach Partners is referred to as state dissemination data. Publication distribution is primarily an output on the logic model. However,

increased or improved publication distribution over time would be considered a partner outcome.

1.4.4 Annual Meeting Evaluations

NIMH asks state partners to complete evaluation forms at the annual meetings. Evaluation materials for three meetings, 2002, 2004, and 2005, were provided for the feasibility study in order to determine their usefulness for a full evaluation. The evaluation data provide feedback on one of the NIMH activities in the first column of the logic model.

Separate forms were used for each day of the meetings and an overall meeting evaluation form was used as well. The evaluation forms for each meeting followed the same format. On the daily forms, respondents were given a five-point scale to rate the usefulness of each session. On the overall evaluation form, respondents were asked to rate the meeting in the following areas:

- Overall relevance of the meeting and material presented to my Outreach Partnership-related work;
- Amount of information presented in the amount of time allotted;
- Amount of time available for networking;
- Location of meeting;
- Meeting packets and materials; and
- Logistics and administrative management of the meeting.

In addition, all forms contained a few open-ended questions. For the overall meeting evaluation form for 2005, the questions were:

- Which aspects of the meeting were most worthwhile, and why?
- Recommendation(s) for improving next year's meeting or other comments.

For each annual meeting, NIMH has compiled the data from the evaluation forms, but the analyses are more complete for the 2002 and 2004 meetings than they are for the 2005 meeting. The

more complete reports show the number of respondents, mean rating, and the percentage of respondents who indicated “useful” or “very useful” for each item rated; this information was not provided for 2005. The earlier reports also contain the verbatim responses to the open-ended questions, which were also categorized according to type of comment. For 2005, only the verbatim responses were provided.

2 REVIEW OF THE LITERATURE

This chapter is a modified version of the executive summary of the literature review.

21 Background

The area of mental health and substance abuse is one of several in the field of public health where the gap between research and practice is particularly extensive. Closing this gap will require efficient strategies to disseminate evidence-based information to both health practitioners who provide treatment and the general public. The ultimate goal of dissemination of research-based information to these audiences is to create change in the "real world" and lead to adoption of new practices and behaviors by the target populations.

The National Institute of Mental Health (NIMH) undertook an effort to expand community outreach, engender public trust, and make the work of the NIMH and its partners transparent to the general public by sponsoring the Outreach Partnership Program (OPP). This program involves organizations that focus their activity on prevention and treatment problems of mental health, and/or substance abuse prevention and treatment, including comorbidity with substance abuse. These partner organizations - one per state in most cases - receive programmatic support and assistance to increase efficiency in their outreach to other local and state organizations, to persons with symptoms of mental illness and their families, and to the general public.

The NIMH Outreach Partnership Program is based on a partnership model, drawing upon a premise that collaboration between organizations leverages available resources and increases their individual capacity to deliver research-based information to the public. This program differs from programs directly targeting the populace (such as large-scale media campaigns or direct community outreach) by including an intermediary (state-level mental health organizations) between the program sponsor (NIMH) and the ultimate receiver of the information (persons with mental illness and their families, and the general public). The partners, in turn, conduct different information dissemination activities in their states, utilizing various strategies such as media outreach/advocacy and different types of community outreach to various groups, including minorities, special populations, and persons at their workplaces. This program also differs from most other programs based on the partnership model because it seeks a reciprocal relationship with the targeted communities via input to local research communities, and NIMH regarding their specific needs in developing the local and national research agenda.

2.2 Method

In order to identify programs that could provide useful guidance in conceptualizing outcome measures in the NIMH OPP, Westat conducted searches of various academic and applied research databases, including Westat's archives and the websites of organizations that have implemented similar programs. We were also guided by the project staff at NIMH to several program performance reports, meeting reports, congressional justifications, and other relevant documents. The search was defined in terms of the following basic parameters:

- Public education programs;
- Promotion of science-based health information;
- Encouragement to seek screening or treatment; and
- Outreach via community partners or outreach via intermediaries.

The identified programs varied in mission, target audience, and objectives. The majority of the reviewed programs involved distribution of some kind of health promotion materials and used intermediaries in their outreach to the general population.

Westat also reviewed literature on dissemination of science-based information to broad audiences, focusing on the effectiveness of various strategies used in dissemination programs, including public communication campaigns, media outreach, community-based outreach, and partnerships and comprehensive programs. Of interest were outcome measures used in evaluations of these different types of strategies.

2.3 Findings

There are two major approaches to direct dissemination of research-based information to the general public: mass mediated public communication campaigns and community-based outreach. Each of these strategies has different strengths (e.g., economy of scale in the case of mass mediated campaigns; efficiency in reaching difficult-to-reach and underserved populations in community-based outreach), and weaknesses (e.g., extensive time and effort involved in community-based interventions, modest degree of impact on individual behavior of mass mediated campaigns). Therefore, different strategies are appropriate for reaching different audiences and for achieving different objectives. Researchers need to

consider that there will be different possible routes by which science-based information on mental health may diffuse, including direct individual exposure, diffusion to other social institutions and diffusion within social networks. Also, different subpopulations may react differently to the information on evidence-based therapies in mental health and substance abuse, and this information may be diffused differently within these subpopulations.

Mass mediated interventions, while showing modest degree of impact on targeted behavior, may activate complex processes of change in social norms that may indirectly impact behavior choices in the long run. In this sense, such interventions may achieve a change in the social context and create a favorable climate in which to conduct other interventions targeting particular behaviors. On the other hand, community-based approaches are focused on generating individual change and, as such, have been found effective, particularly in communities and groups that are difficult to reach otherwise. The NIMH OPP aims at increasing capacities of the partners to implement both types of strategies in their communities.

Our review of evaluations of similar programs showed that the majority of the evaluation studies defined outcomes in terms of participant/partner/intermediary outcomes, with particular outcomes depending on the program mission. Only three of the reviewed studies also defined outcomes in terms of a broader effect on the targeted populations, and none were interested in the reciprocal relationship between program participants and the program sponsor (i.e., none of the studies examined the program influences on the research priorities or actions of the sponsoring organization). None of the studies evaluated long-term impacts of interventions.

Among the studies that involved process evaluation, outputs were measured mostly in terms of success in building and sustaining partnerships, numbers and kinds of publications that were ordered, extent of materials distributed by intermediaries to secondary audiences, factors that supported or inhibited these activities, intermediaries' satisfaction with the program's services and products, patterns of website usage, and extent of technical assistance provided. Most of the studies involving process evaluations used follow-up surveys or in-depth interviews for data collection, supplemented by analysis of ordering patterns, website use, and program documents.

Among the studies that involved outcome evaluation, one defined outcomes in terms of awareness and knowledge, as well as use of the promoted services by the general public; one in terms of utilization of health promoting materials by partners, their satisfaction with these products, and utility of technical assistance provided by the program to the partners; one in terms of the increase of cancer screening rates in targeted areas among targeted populations. This last study additionally defined impact

in terms of adaptation of promoted types of interventions by local partners, and utility of technical assistance provided by the program to the partners (this definition of impact is not consistent with the definition provided by the W.K. Kellogg Foundation's *Logic Model Development Guide*.) Programs specifically mentioned in the HHS Strategic Plan, such as CDC's National Immunization Program, defined performance measures in terms of targeted benchmarks, e.g., percentage of immunization coverage for various vaccines. Actual rates achieved were provided to indicate if the benchmarks were attained. These studies used surveys or in-depth interviews (with partners, members of targeted audience, and program staff), ordering data analysis, and analysis of surveillance data pre- and post-intervention. None of the studies that Westat examined included questions about impacts of the program participants on the funding agency, and no such studies were identified.

24 Conclusions

Based on the review of similar programs that conducted information dissemination outreach via partnerships, as well as the review of literature on dissemination of research-based information to broad audiences, the following suggestions are offered:

Program outputs need to relate to the activities of the program that directly target and involve partners. Such outputs should include characteristics of partners, extent of partners use of NIMH OPP products and services (e.g., publications, annual meetings, listserv, teleconferences, newsletter, technical assistance); extent of partners involvement in program activities (e.g., collaboration with scientific advisor, interaction with local research community, interaction with State Mental Health Program Director, ordering of publications, outreach to media, outreach to gatekeepers for special populations, worksite education), and partners perceptions of access to NIMH.

Outcome measures should optimally tap into both the effectiveness of the program in making a difference in the operations of the intermediaries (Partner Outcomes), and the effectiveness of the intermediaries/partners in disseminating the information and achieving changes in the target populations that can be attributed to the campaign as well as in the larger social, cultural, legal and economic environments within which this change is to occur (Long-Term Outcomes).

Partner outcomes should include the extent of dissemination of program materials by partners; the extent of implementation of program activities by partners and their increase over time (that is increase in media outreach, minority outreach, worksite outreach, and outreach to gatekeepers for special populations); the utility of technical assistance in facilitating partners' satisfactory implementation

of activities, and overall partners' satisfaction and perceived benefit from the partnership (including the nature of partners' interaction with NIMH, partners' knowledge about NIMH research programs, products and services, partners' use of NIMH programs, products and services, as well as perceived increased credibility within the community, increased cooperation with other organizations, and increased ability to obtain additional funds). Additionally, these measures need to tap into the reciprocal relationship between partners and NIMH, and assess the extent of feedback provision from partners to research community and to NIMH.

Long-term outcomes need to focus on target audiences, and optimally should include measures of change in utilization of treatment services by the target audience. However, the difficulty in appropriating any change in this measure to this particular program (as many intervening variables and inputs from other sources may play a role), the potential lack of baseline data, confidentiality considerations, etc., may make assessment of such outcomes extremely difficult. In order to deal with such obstacles, researchers advocate assessment of intermediate measures, such as knowledge gains and impact in intentions as a cost-efficient way to demonstrate the viability of a program. Therefore, the increased knowledge about available mental health services, intent to seek help, awareness of NIMH, and understanding of characteristics and access to mental health services may be used as such intermediate measures. Because the change in individual knowledge, attitudes, and behavior is targeted by the community-based dissemination strategies of the NIMH Outreach Partnership Program, evaluation of these outcomes needs to be conducted at the community level as well. When considering such measures, one needs to remember that access to target populations for mental health and substance abuse programs may be difficult, and willingness of program participants to provide information limited. Further assessment of the feasibility of such evaluation, however, needs to be explored (e.g., whether target populations will be available for pre- and post-test).

Also, long term functioning of the partnership needs to be assessed, and partnership synergy is proposed as a possibly useful long term outcome measure. The concept of synergy has been developed to capture the outcome of partnership functioning that makes collaboration effective, and more advantageous than acting independently. A partnership creates synergy by combining the perspectives, knowledge, and skills of diverse partners in a way that enables the partnership to think in new and better ways about how to achieve its goals, plan more comprehensive, integrated programs, and strengthen its relationship to the broader community. These three indicators may be used to measure the level of partnership synergy. Taking into consideration several challenges to the assessment of long-term outcomes on the target audience, use of proximal measures, such as partnership synergy, is a possible approach.

In order to address the reciprocal relationship between the partners and NIMH, additional long-term outcome measures need to assess partners' perceived ability to provide feedback to the local research community and NIMH. Additionally, analysis of intermediate indicators of potential change in social norms, such as increased visibility of research-based information on etiology and treatment of mental illness and substance abuse in the mass media, may be conducted to assess any environmental/cultural change that may be resulting from this program. One needs to remember, however, that the size of the impact of the Program on media frames for mental health and substance abuse etiology and treatment can be limited because of the size of the program.

Assessment of the impact of this program, that is assessment of the fundamental change in the society, that this program aims to achieve (including increase in the proportion of individuals with symptoms of mental disorders and/or substance abuse who seek help, increased understanding of mental disorders and reduction of discrimination associated with them, reduction of health disparities, increased public trust in the NIMH/NIH and the scientific research process, increased transparency of the research priority setting process), will require further elaboration on the "theory of effects" for this program. This theory of effects results from the expected lag between the campaign exposure and its effects, the nature of expected outcomes, variation of effects across subpopulations, and amount of exposure needed over time. Initial conceptualization of possible effects takes into consideration that norms, attitudes, and behaviors related to mental health and substance abuse are the ones characterized by a deep social and cultural anchoring, hence they may take a long time to change. Consequently, a long lag between the intervention and the community-wide attainment of campaign goals must be expected. Further, possible numerous intervening variables may play a role in producing certain outcomes; therefore outcome attribution may be highly problematic. Taking these into consideration, the literature review suggests that impact evaluation is neither theoretically justified, nor economically feasible, and proximal and shorter-term measures to evaluate the program become desirable. Further assessment of the literature focused on long term impact of mental health information dissemination programs is suggested, in order to provide further understanding of the expected aggregate effects of this program at the population level and allow elaborating on the theory of program effects.

25 Recommendations

This literature review suggests that evaluation of the NIMH Partnership Outreach Program may require surveillance of process and outputs data combined with proximal measures of program effectiveness, such as satisfaction with partnership and partnership synergy, and intermediate indicators of potential change in social norms, such as increased visibility of research-based information on etiology

and treatment of mental illness and substance abuse in the mass media. Further consideration needs to be given to the feasibility of data collection for outcome measures on the target population. This will include assessment of the availability of data sources, such as prevalence surveys in the mental health or substance abuse area, availability of target audience for research, and confidentiality consideration that might make direct measures on target audience impossible. Also considered must be feasibility of data collection for several partnership outcomes. This feasibility will depend on whether partners will be able to provide specific information regarding, e.g., number of website hits, number of media impressions resulting from their outreach, number of program attendees who sought treatment as a result of program participation, etc.

3. SUMMARY OF FINDINGS

This chapter contains the results of the interviews with nine Outreach Partners, analyses of progress report data, and the reviews of the publications distribution data figures and annual meeting evaluations.

3.1 Interviews

The results of the interviews reflect the responses of the nine partners that participated and should not be generalized to all partners. At the same time, they provide a considerable amount of information that can help to guide the program for the future.

3.1.1 Benefits of Partnership

The Outreach Partners that were interviewed had derived a number of benefits from participating in the program. Many spoke of the credibility they receive as the result of the association with NIMH. Access to information, such as updates on research, and publications were also seen to be major benefits.

Several partners had expanded in new directions as a result of the program. One partner said that if the program did not exist, outreach would be at the bottom of their list; the program has been a catalyst for moving in that direction. Another partner began outreach to specific groups that they had not been reaching prior to the grant. One partner obtained a different perspective about mental illness by moving beyond the university and medical systems and working with other agencies. Another became more conscious of the importance of the media and use of the media. One partner did not have a website prior to the grant, but does have one now. Several spoke of use of the grant to leverage other resources.

One partner has established a very active relationship with their scientific advisor as a result of the program. They have collaborated on many projects at both the state and national levels and have submitted grant applications and published together. The key to the successful relationship is that they are able to leverage off of each other's expertise.

All state partners interviewed indicated that they had access in some way to NIMH as a result of the partnership. For some it consists of staff that they can telephone or e-mail; for others, the access came through the annual meetings, assistance in obtaining a speaker, or being asked to serve in an additional capacity such as grant reviewer. At the same time, several respondents said that staff turnover at NIMH had affected the momentum.

Most partners interviewed said that participation in the partnership gave them some prestige and credibility. They mention the partnership in presentations and when applying for other grants.

3.1.2 NIMH Resources and Services

The nine Outreach Partners were asked which resource or service had been most beneficial to their organization. Several mentioned more than one resource. Altogether, six partners mentioned the availability of publications as the most beneficial resource, four said the annual meeting, two indicated that the electronic publications were most beneficial, and two mentioned the newsletter, *NIMH Update*.

Most partners were quite enthusiastic about the NIMH publications that are available for mail order. Several commented that it was the way to get the most information to the most people. Two specifically mentioned the value of having materials that had not been produced by the pharmaceutical industry. Some knew about the materials prior to becoming partners, while others did not. Most partners now make extensive use of the NIMH publications and some are now using them exclusively.

Several partners offered suggestions for changes regarding the publications. Since some publications are not always available because NIMH has run out of them, it was recommended that NIMH needed a better way to identify the ones that are in highest demand. Two respondents said that they would like the publications to be more readable for the general public, but both said that this situation has improved. One respondent said that they would like NIMH to have a formal mechanism for soliciting topics rather than the informal process that currently occurs at the annual meeting. One respondent complained about the cost of re-mailing materials to a third party for them distribute, while several respondents were appreciative that NIMH has a mechanism for direct shipments to other groups in their state.

Responses about the availability of electronic publications were quite varied. Some responses reflected personal preferences. For example, one respondent firmly stated that, “I am not an electronic person” and prefers hard copies. At the other end of the spectrum is the respondent who finds

the PDFs of publications to be as valuable as the printed versions because they can be e-mailed right away. Two respondents mentioned that not all publications were available electronically and one of them would like a PDF version of each publication. Resources can also be a factor in the use of electronic publications. One state does not put the electronic version of materials on their website because they don't have the in-house web support to do that. In another state, limited access to printers was a limiting factor in using electronic publications.

Outreach Partners made very positive statements about the annual meeting. The meeting was considered very informative and a mechanism for keeping the partners up-to-date on the latest advances as well as for meeting key people in the field. In addition, the state partners valued the opportunity for networking with each other. One commented that their organization would like an additional person to attend, even at their own cost, because of the quality of the information provided and that it would enable the organization to participate in more than one breakout session. Only one respondent had anything negative to say and that was that the meeting was over-programmed, so there was insufficient time for informal meetings between partners.

Comments about the newsletter, *NIMH Update*, were somewhat mixed. Two partners considered it to be one of the most beneficial NIMH resources, whereas two others considered it to be the least beneficial. Several mentioned that the funding information in particular was quite valuable. The newsletter was also considered to be a good resource for the latest information. At the same time, one respondent said that they do not look at the newsletter because they do not have time. Two others found it useful but at the same time they were not always able to read it all because of the amount of information provided; one suggested that it be revised to make it easier for readers to scan. Another respondent said that the newsletter overlapped a great deal with another NIMH publication.

Comments about the Listserv were very mixed. One partner considered the Listserv to be the second most useful resource. At the other end of the spectrum was the partner who did not consider it to be useful because it tended to be used for saying hello and congratulations rather than for substantive discussions on various topics. Another respondent complained that people did not seem to understand the way to use a Listserv, in particular, how to respond to an individual rather than the whole group. In addition, all messages have to be opened in order to determine if they are relevant. This respondent would prefer that a bulletin board be used instead of a Listserv. Several respondents said that they didn't have much time to use the Listserv.

Respondents were lukewarm concerning teleconferences. Several said that teleconferences

were helpful, but that they were not always able to participate due to time considerations. One commented that he was not a fan of telephone meetings but found that video conferences were more effective. However, another indicated that they would need the capacity in order to participate in video teleconferences. Another respondent prefers in-person meetings to teleconferences but thought that the latter might be of greater utility in rural areas.

When asked about technical assistance from NIMH, two respondents said they couldn't comment because they hadn't used it and a third was not aware that technical assistance was available. Another respondent commented that technical assistance had faded away; past assistance on technical topics such as use of the web and supplies was helpful but content-related contacts were not. One partner said that a recent contact with a new person was helpful, but that in the past a response to an inquiry was, "I don't know. Ask some other partner." On the other hand, one state said that they received help whenever it was needed.

Comments about the stipend were quite mixed. One partner appreciated the receipt of the stipend, but said the organization would do the work without it. A different perspective was offered by another respondent who said, "For what they [NIMH] want and what they pay, I'm surprised the program has survived. If it wasn't already going on, the stipend is not enough to make it happen." One respondent found the stipend to be invaluable because it enabled the organization to have a person on contract to do the work, while another said that the stipend was not enough to pay the monthly fee of a consultant. One respondent said that for $7,500, a considerable amount of time goes into record keeping and that it does not make sense to set up more expectations.

Several Outreach Partners offered a few additional comments about program resources. One said that it was difficult to get a representative from one of the other national partners to make a presentation unless money was provided for staff time and travel expenses. If money is not available, they tend to send the lowest level research assistant. Another partner would like NIMH to provide press releases that could be easily modified and forwarded to local media.

3.1.3 Activity Data

Publications distribution. Distributing print materials is one of the key activities of Outreach Partners. However, most partners interviewed kept little or no records of their activities. Several commented on the cost of record keeping and some mentioned that they did not have the staff to do it accurately. For example, one partner said the administration of record keeping would be prohibitive

to do unless there is a simple mechanism.

Most Outreach Partners indicated that they could make general estimates of the percentage of publications distributed to minority and special populations and the percentage distributed by various mechanisms. However, several mentioned that they would not be able to estimate the demographics of people picking up publications at most health fairs and conferences. Another complication for record keeping is that some publications are provided to third parties, which in turn do the distribution to the public; about half the publications of one state partner are distributed in this way.

The situation in one state illustrates the complications in record keeping for their current distribution approach. Publications are kept in open stacks in the office. Members of 17 support groups and their affiliates, each of which meets two times per month, make frequent visits to the office for publications.

In contrast, one state maintains very detailed information about publication distribution. A person with mental health problems developed the Awareness Outreach Form,[1] shown in Appendix C; it is completed for every event conducted by the Outreach Partner, such as presentations or workshops. Demographic characteristics on the form include race, income, age, and county of residence. A secretary enters the data from these forms into a database. One reason the partner developed this system is that the information collected is used for grant writing, because it is what funders like to see.

Materials Available on Outreach Partners' Websites. Outreach Partners had links to NIMH on their website, but they showed great variation regarding the posting of the electronic versions of NIMH publications on their website. Several had posted the electronic versions of the publications, particularly on topics related to their areas of focus. One of these partners said that they have been getting requests for the PDF versions of pamphlets and, consequently, they would like to have the PDF version of each brochure. One partner said they had not thought of posting the materials and another indicated that it would be a good idea.

On the other hand, one partner said that they did not have the support to put the electronic version of materials on their website on a regular basis and was not clear about making ordering information available on the web. A different perspective was provided by another partner who said they would prefer a call from someone in order to investigate their needs. In addition, they would "want to dialogue with a person who wanted a large quantity to possibly partner with them, rather than having them click on the link and move away."

[1] The state gave us permission to use the form.

Another partner offers a different perspective on the distribution of materials. Because of the cost of re-mailing print materials to other parts of the state, this partner does a considerable amount of electronic distribution, particularly to professional groups. They have found that recipients prefer to receive the links to the materials rather than an attached file because the file may be very large or filtered out by their system.

While most Outreach Partners indicated that they could collect the number of hits on their website, one said that they did not have the capacity to do this. Another said that they had collected the number of hits in the past, but they have changed their webhoster and currently have no counter. One Outreach Partner does not collect this information at present but they could do so. However, they cautioned that their website covers many areas that are not part of the partnership.

Two Outreach Partners said that they could tell which website pages were accessed most often, but many others were uncertain. One state said they would need help and another thought they would need the software to do this since they did not think it was available for free. Another partner reported that they could not provide this information because their website is part of one operated by another organization, which provides this service for free.

Most of the partners were uncertain about whether they could provide the number of sites that link to their site. One noted that pages in websites change and it is expensive for non-profit organizations to update links.

Media. Outreach Partners have had a variety of experiences regarding the broadcast media. One partner reported that they do a lot on both radio and television. Several partners have appeared periodically on a segment of a local or regional news broadcast. One partner said that for years their broadcasts were done by a public relations firm with a relationship through a pharmaceutical company. However, the pharmaceutical company has cut back on funding, so the partner is now trying to build capacity in this area. Another partner reported that they became more aware of the use of the media through the OPP. On the other hand, it has been the experience in one state that unless the story is something new or sensational, local television is not interested in "running good news from NIMH." Generally, partners could provide information about the audience for shows that are broadcast.

The picture is somewhat different for public service announcements (PSAs). For example, the one Outreach Partner that has made considerable use of the media does not do PSAs. Several partners mentioned that it is difficult to get the media to run PSAs, since they are no longer required to do so. With a competitive market, if PSAs are broadcast, they may be shown at odd hours. Consequently, these

partners said that PSAs involved a lot of effort for little results. Most partners that do PSAs could provide a record about them, but one said that they do not have the service that would provide this information. One partner has retained every PSA and has posted each one on the walls of their office along with information about where it was used.

Getting articles published in the print media can also involve considerable time and resources. One Outreach Partner described the time spent writing an article and meeting with editors and reporters. However, despite these efforts, the article may not be published. He commented, "Newspapers don't want stories about science, they want stories about individuals." One partner indicated that the amount of coverage varies with the occurrence of traumas. One partner suggested that NIMH provide the Outreach Partners with a 1-day advanced notice prior to a press release. Then the partners could be prepared with a local perspective or expert on the topic when the story gets picked up by the local press.

A majority of the Outreach Partners interviewed keep clippings and several suggested that it is a good volunteer activity. Generally, they could determine circulation figures for the publications in which the articles appeared. One partner said that they would like some guidance on the length of time to keep the clippings. Instead of maintaining clippings, one partner cuts out significant articles, converts them to PDF files and sends them out to an e-mail list.

One partner makes extensive use of print ads that are carried on buses, subways, and on kiosks. All the campaigns were done in partnership with this partner's state mental health program director's office.

Presentations. Outreach Partners are involved in a variety of presentations, including community forums, conferences, workshops, classes, and testifying before the state legislature. Generally, the amount of data about the presentation depends on the type of program. The one partner mentioning community forums mentioned that these are generic presentations to the public and that feedback generally is not solicited. Similarly, another partner mentioning testifying before the state legislature said that on occasion the number of people attending would be known, but that is about all the data that would be available.

On the other hand, the partner that developed the awareness form in Appendix C uses it for presentations, so a considerable amount of data is collected. For many partners in most situations, the data on conferences and workshops would include the number of people attending, the topic of the presentation, and some participant evaluation of the activity. Sometimes, some demographic information about the participants also is collected. Several partners offered some caveats, however. For example,

one partner said they could provide information on the conferences that they host, but if they speak at a program hosted by some other group, they may only have an estimate of the number of people attending. Another partner sometimes participates in multi-site teleconferences for which the attendance is not taken in every site. This partner also mentioned that it would be very difficult to pull together data on past conferences. In the past, NIMH has only asked for examples of the kinds of work they are doing. However, they would be able to provide data on future conferences if they knew about it in advance. They also indicated that not all of their presentations are related to partnership activities.

Several partners offer multi-session classes and most of these involve pre- and post-tests as well as the collection of other data. In at least some cases, these classes are conducted as a part of a foundation grant.

Responding to inquiries. All Outreach Partners receive telephone inquiries, but the way they manage the calls showed some variation. In addition, some partners receive inquiries electronically via e-mail or their websites as well as from in-person visits by people using the resource library in the office. States vary considerably in the types of data they collect about the inquiries. One Outreach Partner in partnership with the state Department of Health and Mental Hygiene keeps track of all telephone inquiries and could provide the number of calls, the geographic source of the call, age of the caller, type of problem, and how the caller heard about the resource. Another partner indicated that keeping records of calls is somewhat sensitive, therefore they keep general kinds of information, but not names. This partner said that they have limited staff and the record keeping is not exact. However, they could provide the number of inquiries, the subject of inquiry to the extent it is discernable, and how the caller found out about the organization to the extent possible. Four partners do not keep records of the inquiries, although one partner said that it could and another said that it could make estimations.

Several states have special telephone lines that are linked to a particular project, such as a help line for a specific issue. Generally, they maintain logs of these calls. However, one of these states said it would be burdensome to log all other calls because of the volume of calls. Responding to calls is done by many volunteers, all of whom would need to be trained to record the information correctly. Concern about resources involved in maintaining logs was expressed by one other state.

One partner has a unique approach for handling inquiries. The office has three incoming telephone lines, only two of which are used for call-ins. Staff are available in the office to receive the calls only during the afternoons. At other times, a phone message refers the caller to the website and also provides the names and phone numbers of seven people who work part time from their homes. A log is

kept of all telephone calls, but the information is not summarized. Many of the calls are crisis calls and the goal is to get the caller to the help they need.

Communication with the State Mental Health Program Director's Office. The Outreach Partners have had varied experiences in communicating with their state Mental Health Program Director's office. Two partners have experienced considerable staff turnover in the state offices, which has hampered communication. In a third state, the state office has shifted areas of focus, so the Outreach Partner has begun working with other state offices. In two states, most of the contacts are with local and regional staff of the state office. Outreach Partners were able to provide the frequency of their contacts with the state office which ranged from almost daily to several times per year. Outreach Partners were able to provide the general topics of their communications with the state offices, which frequently involved funding, legislation, and policy issues such as access to medications and Medicaid reform. The types of relationships with the state office also exhibited variations across the partners interviewed. For example, in one state, the Outreach Partner and a member of the state office serve on committees together and in another state, the state office conducts a monthly meeting that is attended by the Outreach Partner. One Outreach Partner mentioned that they receive funding from the state Mental Health Program and another reported that they do many projects jointly with the state Mental Health Program. One Outreach Partner commented that their organization has a very different philosophy compared to the state office and gave their differing views regarding the governor's budget cuts on mental health as an example.

Scientific Advisor. Outreach Partners were generally able to tell where they had obtained their scientific advisor, which was often through a local university. In some cases, the Outreach Partners had established relationships with the advisors prior to the NIMH grant. As mentioned above, under benefits of partnership, one Outreach Partner has developed a very mutually beneficial and productive relationship with the scientific advisor as a result of the program. Outreach Partners were able to provide examples of how they have used the scientific advisor, which included reviewing articles to see if they are scientifically valid, an original purpose of the scientific advisor. However, one partner commented that the "cost of the time of a Ph.D. or psychiatrist is a barrier" and consequently only touches base with the scientific advisor occasionally. Concern for time spent on the project by the scientific advisor is echoed in another state in which the advisor has already donated a great deal of time. With two psychiatrists now on the board who can be used as resources, the Outreach Partner is trying to reserve the scientific advisor's time for the most critical issues. Another partner has recently lost their scientific advisor and they are looking for another. However, they do not see a need for this person. The only materials they are using are the ones produced by NIMH, so they are unclear about the role of the scientific advisor. In addition, qualified people are disinclined to participate if they are not paid. Finally, it should be noted

that when the Outreach Partner is a university, the scientific advisor and the project are essentially one and the same.

Other activities. State partners were asked about several other types of activities and the information they could provide about them.

Outreach to minority groups generally involves focused activities. Outreach Partners were able to say which groups were targeted. They could also indicate the types of outreach activities they had done with these groups, especially if a list of outreach categories is provided. Similarly, they could indicate which gatekeepers they are working with and the types of special populations they are trying to reach through them.

Working with one major employer in the state is an optional activity for Outreach Partners and not all partners interviewed were engaged in it. One respondent mentioned that one employer would involve such a small percentage of the state's population. In another state, the partner was almost successful in working with a major corporation but things got "touchy" due to personnel and insurance issues. In one state, activities were about to begin, and in another they were too new to have any data about them. On the other hand, one partner has been working with an employer and collects data about the activities.

Most partners interviewed have links to clinical trials on their websites. Some have done additional recruitment activities such as including the information in newsletters or posting it in offices. In contrast, one partner is a little uncomfortable with promoting clinical trials, although they will make announcements about what ones are being conducted. One partner recommended that a clearinghouse be created that could educate the consumer about what studies are being done locally and how to participate. It was suggested that this could be better managed at the national level rather than creating 50 different sites.

In the first three out of nine interviews conducted, Outreach Partners were asked about activities conducted to address substance abuse and co-occurring issues. All three of them said that it was very difficult to separate these out because as one Partner explained, substance abuse was a component of all their programs. Because it appeared difficult for Partners to differentiate their activities for mental health from those that addressed substance abuse, this topic was not included in the later interviews.

Generally, the only other data collected by the Outreach Partners are linked to other specific grants. For example, as part of an adolescent suicide prevention grant, one partner is collecting data on

help-seeking behavior. Another partner is conducting a series of workshops for police officers and district judges. Feedback forms are used as a part of the workshops. On the other hand, one partner had conducted a survey of stakeholder groups to determine what they needed from the organization. This survey was done shortly after they became an Outreach Partner and they are considering doing it again.

3.1.4 Long-term Outcomes

Some of the potential long-term outcomes of the NIMH Partnership Program include increased knowledge and awareness of research-based information about mental illness and substance abuse disorders and increased utilization of treatment services. When Outreach Partners were asked if they had obtained any information that these long-term outcomes had occurred, four mentioned that they did not know how this could be measured and one of these said that is would be impossible to measure, particularly across all states. On the other hand, another said they had anecdotal evidence. One mentioned some of the issues that would complicate measurement, including the increased utilization of treatment in a state that is cutting back on services, the fragmentation of the services for those with mental health and substance abuse problems, and that some people with these problems are now in prisons and jails. One partner noted that it will take more than education and information to change access to care.

Several partners mentioned some potential mechanisms for obtaining some information about long-term outcomes. These include:

- One state recently completed a study of all health care in the state, including mental health. The study was required by the state legislature.
- Part of one state is included in a study conducted every 2 years by a regional health council; this study looks at changes in attitude. This state has also done some statewide surveys, although none have been done recently. These have included a general public survey done by a market research company associated with the state university.
- One state collects a considerable amount of data on each call to their help line. As mentioned above, they can provide the number of calls, the geographic source of the call, age of the caller, type of problem, and how the caller heard about the resource. They have tracked this information for many years and have consistently done so for over 5 years. After 9/11 they conducted one project in which callers were asked if someone could call them back to see if they had sought treatment and how they were doing at the time of the phone back.
- One partner suggested that their mental health program director's office might have some data regarding the quality improvement of programs.

- One Outreach Partner mentioned that NAMI's Family-to-Family program contains some pre-post questions in the manual. During the process of obtaining more information about this program, Westat learned that NIMH recently awarded a $2.2 million grant to the University of Maryland to study its effectiveness. Perhaps there might be some way that OPP can connect with this evaluation.

- A county in one state has an information network that is supposed to have data at the individual level on variables such as type of services provided. However, the system includes only people who are using the public system (it excludes the private sector) and the release of information could be a problem.

- A survey of service provision is done by a university-based program as part of their quality improvement efforts. The survey goes to clients and patients and is returned anonymously to the company conducting the survey. The questionnaire is revised periodically; a question related to partnership interests could be added to it.

- In one state, a state university is the second largest employer in the region. Two screenings are done at the university each year; the standard screening form that is used nationally is utilized in the screening. Data are available on the number of referrals made. The screenings are designed to be as non-invasive as possible. However, it might be possible to use a reply card that goes to the practitioner as a mechanism for determining how many sought treatment as a result of the screening.

- States mentioned a mental health institution, a professor, and a private foundation that have interest in these topics but none of them were aware of any specific studies being conducted.

3.2 Progress Report Data

As mentioned above in the methodology section, some of the progress report items were selected for analysis in the feasibility study. This section describes the results of the analyses of quantitative and qualitative items.

3.2.1 Analysis of Quantitative Items

Quantitative items that provide an overview of the Outreach Partners were the ones selected. Data for two years, 2003 and 2004, are presented in the tables in this section. However, for the most part, we have described the data for only the most recent year, 2004, because the differences from 2003 are generally modest. It should be noted that in 2004, the number of states with partners was 46, while in 2003, 48 states had partners. (Therefore, only differences of more than two states can be said to represent

change). In 2004, almost three-fourths (73.9 percent) of the states had a membership base and more than half (56.5 percent) had affiliates (Table 1).

Table 1.—Number and percent of states with a membership base and affiliates, by reporting year

Characteristic	2003 (n=48)		2004 (n=46)	
	Number	Percent	Number	Percent
Have a membership base	38	79.2	34	73.9
Have affiliates	26	54.2	26	56.5

NOTE: For states with secondary partners, if one partner had the characteristic, it was considered to be present in the state.

Although the staffing categories used in the progress report overlap and vary in size, responses from the state partners do show differences across the states (Table 2). Six of the states have paid staffs of only 1 or 2 people, while 10 states have more than 19 staff members. Fifteen states, about one-third of the states with partners, have between 5 and 10 paid staff members. State partners were also asked about the number of volunteers. In 2004, 23 states, half the states with partners, had more than 19 volunteers, while 21 states, most of the remaining states, had up to 5 volunteers (Table 3).

Table 2.—Number and percent of states with various levels of paid staff members, by reporting year

Number of paid staff members	2003		2004	
	Number	Percent	Number	Percent
Total	48	100.0	46	100.0
Up to 2	6	12.5	6	13.0
3 to 5	13	27.1	9	19.6
5 to 10	11	22.9	15	32.6
10 to 19	9	18.8	6	13.0
More than 19	9	18.8	10	21.7

NOTE: For states with secondary partners, the response of the partner giving the larger response category was used in the analysis. Percents may not sum to 100 because of rounding.

Table 3.—Number and percent of states with various levels of volunteers, by reporting year

2003			2004	
Number of volunteers				
Number		Percent	Number	Percent
Total	48	100.0	46	100.0
Up to 2	13	27.1	10	21.7
3 to 5	6	12.5	11	23.9
5 to 10	5	10.4	0	0.0
10 to 19	3	6.3	2	4.3
More than 19	21	43.8	23	50.0

NOTE: For states with secondary partners, the response of the partner giving the larger response category was used in the analysis. Percents may not sum to 100 because of rounding.

In 2004, 41 of the 46 states with partners had interacted with their state mental health program director (SMHPD); this was a decrease from 2003 when all but one state had interacted with

their SMHPD (Table 4). Almost two thirds (65.9 percent) of the states that had interacted with their SMHPD did so on a monthly basis, while about one-fourth interacted on a weekly basis and one-tenth interacted one to two times per year (Table 5). Of the states that had interacted with their SMHPD in 2004, almost half (46.3 percent) said that being a partner with NIMH was very or extremely helpful in establishing and/or improving the interaction, while about one-third (34.1 percent) said it was moderately helpful (Table 6). On the other hand, about one-fifth (19.5) said that partnership with NIMH had not been helpful in this interaction.

Table 4.—Number and percent of states that had interacted with their State Mental Health Program Director (SMHPD), by reporting year

Interaction	2003		2004	
	Number	Percent	Number	Percent
Total	48	100.0	46	100.0
Interacted	47	97.9	41	89.1
Did not interact	1	2.1	5	10.9

Table 5.—Number and percent of states that had interacted with their SMHPD at various frequencies, by reporting year

Frequency	2003		2004	
	Number	Percent	Number	Percent
Total[1]	47	100.0	41	100.0
Weekly	15	31.9	10	24.4
Monthly	26	55.3	27	65.9
1 to 2 times a year	6	12.8	4	9.8

[1]Includes only states that reported they had interacted with their SMHPD.

NOTE: For states with secondary partners, the response of the partner giving the more frequent interaction was used in the analysis. Percents may not sum to 100 because of rounding.

Table 6.—Number and percent of states indicating various levels of helpfulness in being a partner with NIMH in establishing and/or improving the interaction with their SMPHD, by reporting year

Level of helpfulness	2003		2004	
	Number	Percent	Number	Percent
Total[1]	47	100.0	41	100.0
Extremely helpful	9	19.1	7	17.1
Very helpful	11	23.4	12	29.3
Moderately helpful	19	40.4	14	34.1
Not helpful	8	17.0	8	19.5

[1]Includes only states that reported they had interacted with their SMHPD.

NOTE: In 2004, two states had secondary partners with different responses. An average response was reported for one state. For another state, the random number generating method was used to determine the response category. Percents may not sum to 100 because of rounding.

Altogether, 34 states, which was almost three-fourths (73.9 percent) of the states with partners, had interacted with their Scientific Advisor in 2004 (Table 7). Of the states that had interacted with their Scientific Advisor, almost half (45.7 percent) had done so on a monthly basis, while about one-

fourth 28.6 percent) interacted one to two times per year and one-fifth (20.0 percent) interacted on a weekly basis (Table 8). More than half (57.1 percent) of the states that had interacted with their Scientific Advisor in 2004 said that being a partner with NIMH was very or extremely helpful in establishing and/or improving the interaction, while more than one-fourth (28.6 percent) said it was moderately helpful (Table 9). Five states (14.3 percent of the states with Scientific Advisors) said the partnership had not been helpful in the interaction.

Table 7.—Number and percent of states that had interacted with their Scientific Advisor (SA), by reporting year

Interaction	2003		2004	
	Number	Percent	Number	Percent
Total	48	100.0	46	100.0
Interacted	36	75.0	34	73.9
Did not interact	12	25.0	12	26.1

Table 8.—Number and percent of states that had interacted with their SA at various frequencies, by reporting year

Frequency	2003		2004	
	Number	Percent	Number	Percent
Total[1]	36	100.0	35	100.0
Weekly	9	25.0	7	20.0
Monthly	14	38.9	16	45.7
1 to 2 times a year	11	30.6	10	28.6
Never	0	0.0	2	5.7
No response	2	5.6	0	0.0

[1]Includes only states that reported they had interacted with their SA. In 2004, one state responded to this item although it reported they did not interact with SA.

NOTE: For states with secondary partners, the response of the partner giving the more frequent interaction was used in the analysis. Percents may not sum to 100 because of rounding.

Table 9.—Number and percent of states indicating various levels of helpfulness in being a partner with NIMH in establishing and/or improving the interaction with their SA, by reporting year

Level of helpfulness	2003		2004	
	Number	Percent	Number	Percent
Total[1]	36	100.0	35	100.0
Extremely helpful	6	16.7	7	20.0
Very helpful	10	27.8	13	37.1
Moderately helpful	14	38.9	10	28.6
Not helpful	5	13.9	5	14.3
No response	1	2.8	0	0.0

[1]Includes only states that reported they had interacted with their SA, plus one state that responded to this item in 2004 although it reported it did not interact with SA. Percents may not sum to 100 because of rounding.

States were asked to identify the types of outreach activities in which their scientific advisor had been involved. In 2004, the mostly commonly identified activity was "speaks at events/workshops," mentioned by 82.4 percent of the states with scientific advisors, followed by "reviews/develops materials" (73.5 percent), "recommends and/or facilitates new contacts, partnerships" (70.6 percent), and "helps with planning events and special projects" (64.7 percent) (Table 10). All of these activities were done in more states in 2004 compared to 2003.

Table 10.—Number and percent of states in which the SA had participated in various outreach activities, by reporting year

Outreach activity	2003 (n=36)[1]		2004 (n=34)[1]	
	Number	Percent	Number	Percent
Recommended and/or facilitates new contacts, partnerships	18	50.0	24	70.6
Reviews/develops materials	22	61.1	25	73.5
Speaks at events/workshops	21	58.3	28	82.4
Helps with planning events and special projects	21	58.3	22	64.7
Other	10	27.8	13	38.2

[1]Includes only states that reported they had interacted with their SA.

NOTE: For states with secondary partners, if one partner said that the SA had participated in the outreach activity, it was considered to be present in the state.

In 2004, most of the states (93.5 percent) had a website (Table 11). States with websites were asked about links to other websites. More than four-fifths (83.7 percent) had links to NIMH and more than half (55.8 percent) had links to the Outreach Partnership Program page (Table 12). Less than half linked to the NIMH publications and resource area (44.2 percent), NIMH clinical studies (30.2 percent), and the NIH Clinical Trial website (27.9 percent).

Table 11.—Number and percent of states with a website, by reporting year

Website	2003		2004	
	Number	Percent	Number	Percent
Total	48	100.0	46	100.0
Had a website	45	93.8	43	93.5
Did not have a website	3	6.3	3	6.5

NOTE: For states with secondary partners, if one partner had a website, it was considered to be present in the state. Percents may not sum to 100 because of rounding.

Table 12.—Number and percent of states with web pages that link to various websites, by reporting year

Website linked	2003 (n=45)[1]		2004 (n=43)[1]	
	Number	Percent	Number	Percent
NIMH	39	86.7	36	83.7
Outreach Partnership Program page	20	44.4	24	55.8
NIMH publications and resources area	20	44.4	19	44.2
NIMH clinical studies	11	24.4	13	30.2
NIH Clinical Trial website	7	15.6	12	27.9

[1]Includes only states reporting that they had a website.
NOTE: For states with secondary partners, if one partner said that they linked to the website, it was considered to be present in the state.

In 2004, all state partners indicated that the partnership with NIMH had helped them establish or improve their outreach activities (Table 13). Indeed, most (87.0 percent) said that being an NIMH partner was either extremely or very helpful in conducting outreach activities (Table 14). In 2004, almost all (95.7 percent) of the states indicated that the NIMH publications were either extremely or very helpful (Table 15). States were asked to identify the ways in which the NIMH materials were incorporated into their outreach activities. The ways identified by most states were general conference/meeting information packets (97.8 percent) and exhibit booths (93.5 percent). In addition, about three-fourths of the states use distribution locations (80.4 percent), link to their organization website (76.5 percent), and link to NIMH website (70.6 percent) (Table 16). About three-fifths (60.9 percent) of the states said that being an NIMH partner was either extremely or very helpful in forming partnerships with other organizations and an additional one-third (34.8 percent) said that it was moderately helpful (Table 17).

Table 13.—Number and percent of states indicating that the partnership with NIMH has helped them establish or improve their outreach activities, by reporting year

Helped with outreach	2003		2004	
	Number	Percent	Number	Percent
Total	48	100.0	46	100.0
Has helped	47	97.9	46	100.0
Has not helped	1	2.1	0	0.0

Table 14.—Number and percent of states indicating various levels of helpfulness in being an NIMH partner in conducting outreach activities, by reporting year

Level of helpfulness	2003		2004	
	Number	Percent	Number	Percent
Total	48	100.0	46	100.0
Extremely helpful	28	58.3	29	63.0
Very helpful	15	31.3	11	23.9
Moderately helpful	5	10.4	5	10.9
Not helpful	0	0.0	0	0.0
Not reported	0	0.0	1	2.2

Table 15.—Number and percent of states indicating various levels of helpfulness of NIMH publications, by reporting year

Level of helpfulness	2003		2004	
	Number	Percent	Number	Percent
Total	48	100.0	46	100.0
Extremely helpful	34	70.8	34	73.9
Very helpful	10	20.8	10	21.7
Moderately helpful	4	8.3	2	4.3
Not helpful	0	0.0	0	0.0

NOTE: Percents may not sum to 100 because of rounding.

Table 16.—Number and percent of states in which NIMH materials were incorporated into their outreach activities in various ways, by reporting year

Ways NIMH materials were incorporated	2003 (n=48)		2004 (n=46)	
	Number	Percent	Number	Percent
General conference/meeting information packets	47	97.9	45	97.8
Mass mailing	13	27.1	11	23.9
At exhibit booths	47	97.9	43	93.5
Distribution locations	38	79.2	37	80.4
E-mail list or Listserv message to encourage people to order publications	18	37.5	17	37.0
A link to the NIMH website[1]	15	83.3	12	70.6
A link to their organization website[1]	12	66.6	13	76.5
Other	16	33.3	22	47.8

[1]Percents are based on the states that used e-mail/Listserv messages to encourage people to order publications off the Internet.

Table 17.—Number and percent of states indicating various levels of helpfulness in being an NIMH partner in forming partnerships with other organizations, by reporting year

Level of helpfulness	2003		2004	
	Number	Percent	Number	Percent
Total	48	100.0	46	100.0
Extremely helpful	18	37.5	18	39.1
Very helpful	12	25.0	10	21.7
Moderately helpful	15	31.3	16	34.8
Not helpful	3	6.3	2	4.3

NOTE: Percents may not sum to 100 because of rounding.

States were asked about the achievements they had attained largely as a result of partnership with NIMH. The achievements for 2004 showed a somewhat different pattern from the achievements in 2003 (Table 18). For example, in 2004, the achievement reported by the greatest percentage of states was that they provided science-based mental health information to stakeholders within their state (89.1 percent), whereas in 2003, the most frequently reported achievement was that they began or expanded outreach for underserved populations (89.6 percent). When data for both 2003 and 2004 are combined to show the percentage of states attaining the achievement in at least one of the 2 years, at least half the states had attained all of the achievements with the exception of secured additional funding (45.8 percent) and helped promote participation in government sponsored clinical trials (20.8 percent) (Table 19).

Table 18.—Number and percent of states making the various achievements largely as a result of their partnership with NIMH, by reporting year

Achievement	2003 (n=48)		2004 (n=46)	
	Number	Percent	Number	Percent
Began work with a new gatekeeper group	21	43.8	21	45.7
Worked with a scientific advisor	17	35.4	22	47.8
Helped promote participation in government sponsored clinical trials	5	10.4	8	17.4
Strengthened relationship with State mental health program director	20	41.7	27	58.7
Secured additional funding	17	35.4	14	30.4
Provided science-based mental health information to stakeholders within their state	42	87.5	41	89.1
Began or expanded outreach for underserved populations	43	89.6	32	69.6
Began work with a new underserved population in general	29	60.4	18	39.1
Began work with a new underserved population locally[1]	21	72.4	12	66.7
Began work with a new underserved population statewide[1]	19	65.5	13	72.2
Expanded outreach already being conducted to underserved population in general	33	68.8	27	58.7
Expanded outreach already being conducted to underserved population locally[2]	21	63.6	22	81.5
Expanded outreach already being conducted to underserved population statewide[2]	23	69.7	17	63.0
Collaborated with other local advocacy organizations on events and/or programs	37	77.1	34	73.9
Collaborated with other national advocacy organizations on events and/or programs	17	35.4	22	47.8

[1]Percents are based on the states that began work with a new underserved population in general.

[2]Percents are based on the states that expanded outreach already being conducted to underserved population in general.

Table 19.—Number and percent of states making the various achievements largely as a result of their partnership with NIMH for 2003 and 2004 combined

Achievement	N=48	
	Number	Percent
Began work with a new gatekeeper group	29	60.4
Worked with a scientific advisor	27	56.3
Helped promote participation in government sponsored clinical trials	10	20.8
Strengthened relationship with State mental health program director	30	62.5
Secured additional funding	22	45.8
Provided science-based mental health information to stakeholders within their state	47	97.9
Began or expanded outreach for underserved populations	45	93.8
Began work with a new underserved population in general	32	66.7
Began work with a new underserved population locally[1]	25	78.1
Began work with a new underserved population statewide[1]	24	75.0
Expanded outreach already being conducted to underserved population in general	39	75.0
Expanded outreach already being conducted to underserved population locally[2]	32	88.9
Expanded outreach already being conducted to underserved population statewide[2]	27	75.0
Collaborated with other local advocacy organizations on events and/or programs	44	91.7
Collaborated with other national advocacy organizations on events and/or programs	28	58.3

[1]Percents are based on the state that began work with a new underserved population in general.

[2]Percents are based on the state that expanded outreach already being conducted to underserved population in general.

3.2.2 Content Analysis of Qualitative Items

Results of the content analyses of selected open-ended questions from the 2004 progress report appear in Appendix D. In the first question analyzed, states were asked how their partnership with NIMH had been helpful in establishing and/or improving their interaction with their State Mental Health Program Director (SMHPD). Some responses concerned the type of relationship and 11 states mentioned that they already had a working relationship prior to the partnership. Other responses focused on factors that had facilitated the interaction, including the NIMH materials and access to the latest research information (mentioned by 13 states), the partnership enables the state partner to serve as a source of information (8 states), credibility (6 states), sharing projects (6 states) and obtaining information to assist with state-level activities such as planning or serving on a committee (5 states).

When states were asked how the scientific advisor (SA) participates in their outreach activities, 12 states wrote in responses in addition to the categories already provided (content analysis 2). Two of these responses were similar to categories already provided and two discussed an interaction that is in the opposite direction of what is asked in the question. Two states commented that the outreach partner organization included staff who serve as the SA and two states indicated that the SA provided input regarding proposed legislation or policy development.

States that had work with a new underserved population were asked to provide an example (content analysis 3). Underserved populations mentioned by more than one state were Hispanic/Latino (5 states), people with co-occurring/substance abuse (3 states), rural communities (2 states), and minority groups (2 states). Mechanisms for serving these populations mentioned by more than one state were that they collaborated with other organizations (5 states), conducted screenings (3 states), provided information on services available (2 states), and provided services in other languages (2 states).

States that had expanded outreach to an underserved population were asked to provide an example (content analysis 4). Underserved populations mentioned by more than one state were Hispanic/Latino (7 states), older adults (4 states), rural populations (2 states), and African Americans (2 states). Mechanisms for serving these populations mentioned by more than one state were that they worked with other organizations (8 states), worked with gatekeepers (4 states), and provided materials or information (4 states).

States were asked how their partnership with NIMH had helped their organization establish relationships with other organizations and/or improve their joint outreach activities (content analysis 5). The most frequently mentioned mechanisms were serving as a resource for NIMH publications (21 states), access to the latest scientific information (18 states), and credibility (14 states).

States were asked to provide other ways in which the NIMH partnership has been beneficial to their organization (content analysis 6). Comments provided by more than one state were credibility (10 states), networking opportunities (9 states), receiving the latest research information (7 states), access to NIMH materials (7 states), information provided as the annual meeting (6 states), information about funding opportunities (4 states), new outreach ideas (4 states), and access to NIMH staff (3 states).

Altogether 15 states provided additional comments to the NIMH publications and resources section of the progress report (content analysis 7). Topics mentioned by more than one state will be discussed. Two states requested publications on additional topics and two said that they have received requests for discontinued publications. In addition, two states made general statements about the usefulness of the publications and two other states mentioned that the information contained in the publications was helpful. Six states commented specifically about *NIMH Update*.

When asked how their partnership with NIMH had helped to establish or improve their outreach activities, all 46 states participating in OPP in 2004 responded (content analyses 8). The most common responses were that the partnership provided access to publications or current research

information (40 states), that it provided credibility (14 states), and that it helped with collaboration or linkage to other organizations (9 states).

When asked about improvements that NIMH should make to the Outreach Program, 30 states suggested improvements (content analysis 9). Improvements mentioned by more than one state were recommendations for additional resources (7 states), suggestions about the annual meeting (5 states), more information on particular topics (4 states), continued access to publications or current research (4 states), periodic contact with partners via conference calls or e-mail (4 states), recommendations regarding publication orders (3 states), promotion of the program to other groups (2 states), and further information regarding funding (2 states).

Altogether 21 states made additional comments (content analysis 10). Comments made by more than one state were a general appreciation for the program and staff (13 states), good resource for materials and information (4 states), and appreciation for the funding increase (2 states).

3.3 Publications Distribution Data

An example of a table produced to show publication distribution by the Outreach Partnership Program appears in Appendix E. This table shows the monthly distribution of publications during 2004. Altogether, in 2004, 836,533 publications were distributed to the Outreach Partners; these represented about one-fourth (27 percent) of all publications distributed that year. August was the month in which the greatest number of publications was distributed to the Outreach Partners followed by March, September, and June.

Based on all the sample figures that we reviewed, a wealth of information is available from the NIMH publications database. It contains information about all publications distributed as well as those distributed to the Outreach Partners. The data is currently reported in the following categories and should be considered for further analyses:

- Percentage of all publications distributed to the Outreach Partners;
- Number of publications distributed each month;
- Number of publications distributed to each state;
- Number of copies of each publication distributed; and

- Number of publications distributed on a particular topic.

In addition, a combination of these analyses can be performed. For example, one could examine the number of publications distributed on a particular topic such as depression each month for each state.

34 Annual Meeting Evaluations

The annual meetings are an important partnership activity. In order to obtain feedback from the attendees about the various facets of the meeting, NIMH has used an evaluation form during at least three of the six meetings held this far. These evaluations have helped NIMH to refine the meeting the following year. The evaluation forms used in 2005 for the overall meeting and for Sunday, April 3, 2005, the last day of the meeting are shown in Appendix F.

Since the quantitative questions on the overall meeting evaluation form were the same in the three years reviewed, they offer the potential of providing some trend analyses. Unfortunately, the low response rates bias the results. For example, in 2004, 110 persons attended the annual meeting of whom 48 were Outreach Partners; however, most items on the overall meeting evaluation form had only 15 respondents. Even if all respondents were Outreach Partners, the response rate is low. Similarly, the low response rate limits the utility of the open-ended questions.

4. IMPLICATIONS AND RECOMMENDATIONS FOR NEXT STEPS

The Outreach Partners are diverse in several dimensions. For example, the types of organizations serving as Outreach Partners include state affiliates of NAMI and NMHA and universities. In addition, Outreach Partners vary considerably in staff size, which has an impact on the amount of outreach activities they can conduct. Staffing and other resources have implications for the amount of data collection that partners can do. During the interviews with Outreach Partners some expressed concern that the $7,500 stipend might not cover the cost of the data collection and reporting activities for the Program. Thus, burden on the Outreach Partners must be given serious consideration in making recommendations.

In this section of the report, possible ways to strengthen the Program will be presented. Then, the feasibility of conducting a full-scale evaluation is discussed.

4.1 Ways to Strengthen the Program

The feasibility study revealed several areas in which the Outreach Partnership Program could be strengthened. They include program components that need clarification as well as modifications to the three main data collection activities, progress reports, publications distribution data analysis, and annual meeting evaluations. Each of these areas is discussed in this section.

4.1.1 Program Components Needing Clarification

One of the goals of OPP is to allow partners to learn about and contribute to the NIMH research priority-setting process. While the partners learn something about NIMH research at the annual meeting, no mechanism is in place for the partners to contribute to the research priority-setting process. OPP should work to develop such a mechanism, since it is a program goal, which indicates the importance of such an activity.

As society in general makes increasing use of electronic formats, an increasing amount of attention needs to be placed on the electronic distribution of publications and the collection of data on this activity. The Outreach Partners interviewed have very different capacities for handling electronic formats. OPP should determine which publications are available in electronic format and provide this

information to the partners. All partners should be informed regarding the various approaches that could be taken regarding electronic distribution, including posting the publications on their own websites, posting the links to the publications on their website, and sending e-mails with publications attached or with the links to the publications included in a message. Each of these distribution approaches requires a slightly different mechanism for collecting data about its use. OPP should assist the Outreach Partners in developing some mechanisms for data collection on electronic distribution that could be used in a future evaluation, particularly items relating to website usage. Ultimately they could become questions on the progress report. However, the partners first need to know that the questions will be asked and develop a system for collecting the information. Perhaps a place to start is to explore the possibility of having the partners provide the average number of times each month they have sent e-mails with electronic copies of publications attached or with links to publications.

At least one Outreach Partner interviewed was unaware of the possibility of having NIMH send materials directly to a third party. Therefore, all partners should be made aware of this possibility and exactly how the arrangements should be made.

OPP should review some of the services they provide to determine if they could be made more useful to the Outreach Partners. For example, since some Outreach Partners indicated that they have limited time for reading *NIMH Update*, the program should review the format of the newsletter to determine if there might be a way to make it easier for readers to scan the information. Also, partners do not seem to be making the best use of the listserv. Therefore, perhaps some guidance could be provided by OPP regarding ways that listservs can be used effectively.

Some clarification is needed regarding the role of the scientific advisor and how to meaningfully involve this person in partnership activities. When the Outreach Partner is a university, is there a need to have an outside scientific advisor? If a partner distributes only NIMH publications, the need for a scientific advisor is less apparent to the partners. What should be done in this circumstance? Some partners are also concerned about the high rates that scientific advisors charge. At the same time, one Outreach Partner interviewed has developed an outstanding relationship with a scientific advisor as a result of OPP and might be able to provide some suggestions for the other partners.

Communication with the State Mental Health Program Director's Office presents challenges in some states. For example, some states have experienced considerable staff turnover in these offices. These issues should be captured in the progress report because they have an impact on what the Outreach Partners can accomplish. Also, OPP needs to determine how contacts with local and regional staff of the state office should be considered.

412 Ways to Improve the Progress Report Form

Through the progress report forms, NIMH obtains a considerable amount of information about the Outreach Partners and their activities. However, the form could be improved through the use of several types of changes. In recommending changes to the form, we have tried to balance NIMH's need for information with respondent burden. Some changes could be made right away to the reporting form. Other changes should be added at a later date after the Outreach Partners have been informed regarding what they will be asked to provide and had a chance to develop a system for collecting the information. The changes we suggest are shown below.

Use open-ended questions judiciously. Currently the open-ended questions are not being analyzed, which does take a considerable amount of time to be done thoroughly. In addition, these items take the respondents much longer to complete. Therefore, the program should review each open-ended question to determine if it is definitely needed. One possibility would be to focus on different areas each year and include open-ended questions only in the focus areas. As mentioned in the methodology section of this report, the open-ended questions might be useful to OPP in administering the program or monitoring individual states. However, if the responses to open-ended questions are not being used, the questions should be deleted because they are burdensome for the respondents.

Include certain questions in only a limited number of years. Some questions do not need to be answered every year. For example, some questions in the organization section of the report are demographic and would not be expected to change over a period of a few years. The organization section includes items such as organization mission (Q1c), types of services (Q1d), membership base (Q1e and Q1f), and general number of affiliates (Q1g and 1h). This information could be obtained just in the first year of a grant award. In later years, the responses to these questions could be provided to the Outreach Partners along with a mechanism for them to update the responses as necessary.

Revise some of the current questions to provide additional information with little additional burden. Many items in the outreach activities report section require only a "yes" or "no" response. Substantially more information about the change in areas of focus could be obtained if the following response categories are used:

- Not done or eliminated this year
- New this year
- Expanded this year

- No change since last year
- Decreased this year

Using these response categories is especially recommended for three questions in the outreach activities section: Q5 (type of organization/group worked with for outreach), Q6 (populations reached), and Q7 (mental health topics focused upon via media and other outreach).

Add questions. With the increased importance of electronic formats in society, some questions about the use of this format should be included on the progress report. Perhaps a place to start is to have the partners provide the average number of times each month they have sent e-mails with electronic copies of publications attached or with links to publications. Other questions could be added to the report that would facilitate an evaluation of partner outcomes some time in the future. For example, one partner outcome shown in the logic model is "Strong relationships with the State Mental Health Program Director." To obtain information about this subject, one question could ask the Outreach Partners to rate the strength of their relationship with the State Mental Health Program Director. One approach for rating the strength of the relationship is to use a five point scale in which 1 indicates little or no relationship, 3 indicates a moderate relationship, and 5 indicates a strong relationship. In another question, the partners could indicate if they had experienced any barriers in this relationship, with a list of potential barriers provided. Additional suggestions for additions to the progress report are discussed in section 4.2 of this report.

Refine one specific question. Changes that should be made are:

- Organization section Q1i - Revise the categories so they do not overlap.

In summary, each item of the progress report needs to be reviewed to determine its usefulness. Many specific suggestions for change cannot be made in this report because they depend on the priorities of OPP.

Some changes also need to be made regarding the editing and analyses of the progress report data.

- In the processing of the progress report data, checks should be done for skip patterns. Outreach partners should be contacted for clarification when discrepancies arise.
- Checks should also be made that secondary partners are completing only the organization section of the report.
- Generally, it is recommended that content analyses be done of the responses to each open-ended question in order to obtain a summary of the responses for the program as

a whole.

4.1.3 Recommendations for Using the Publications Distribution Data

The distribution of publications on mental health and alcohol abuse is an important component of the Outreach Partnership Program. For some partners, most if not all of the publications they distribute are the ones produced by NIMH. The amount of information partners can currently provide about this distribution varies. However, NIMH maintains a rich database of the materials distributed to the partners, including those shipped to third parties. (Technically, the database shows publications shipped, which can differ from what was ordered because some materials may have been out of stock.)

At present, the OPP uses the NIMH database to prepare tables and barcharts of the publications distributed when the need arises for a report. Some of the figures prepared for 2004 were the same as those prepared for 2003, while others were different. OPP might want to consider preparing a standard set of figures on a regular basis—at least annually, if not quarterly or monthly—in order to track patterns of distribution over time. This could assist NIMH in determining what publications and how many are needed at different times of the year. Additional figures could be prepared as the need arises, such as when there is a special campaign (i.e., Real Men, Real Depression). A great deal of information can be obtained from this resource without placing any burden on the Outreach Partners. A suggested list of standard figures is:

- Number of publications distributed each month and the percentage of the publications distributed to the Outreach Partners;
- Number of publications distributed to each state and the percentage of the publications distributed to the Outreach Partners; and
- Number of publications distributed by subject area and the percentage of the publications distributed to the Outreach Partners.

It is important that these figures include national totals in order to have a picture of the distribution as a whole. Also, these figures should contain a footnote indicating which states did not have Outreach Partners in the years presented. This information is needed in making comparisons across years

and provides a more accurate analysis of the publication orders placed by the Partners. Another important note is that the publication limits control the orders and inventories, possibly distorting distribution totals.

However, as mentioned early in the report, Outreach Partners do currently order about one-fourth of the total NIMH publications distributed. The NIMH office that maintains publications could use the Outreach Partner data to plan for future publication inventories. OPP may also want to consider developing other mechanisms such as a survey to identify the needs and wants of the Partners that could provide further information both to this office and NIMH.

4.1.4 Recommendations for Annual Meeting Evaluations

The annual meeting evaluation forms provide a way to obtain some useful feedback about a meeting right after the events have occurred. However, a major factor that limits their use is the small response rate. Therefore, NIMH should work to increase the percentage of participants completing the forms, especially the overall meeting evaluation form, which can be compared across the years. With more respondents, it would also be possible to compare the responses of the different types of attendees, particularly the Outreach Partners and the National Partners.

NIMH should continue to summarize the data from the annual meeting as was done for 2002 and 2004. In particular, means should be calculated for all ratings. In addition, the open-ended responses should be categorized, so that the thrust of the comments can be quickly determined without having to read through all the detail. For example, the six comments on scheduling meeting sessions and breaks for Sunday, March 7, 2004 could be summarized as "long day/need a break." However, for some questions, the detail does serve a purpose in helping to shape the meeting for the following year.

4.2 Feasibility of Conducting a Full-Scale Evaluation

A brief overview of the three main types of program evaluation—process, outcome, and impact—is shown below. These evaluation types closely correspond to the logic model components shown in Figure 1 of this report.

- **Process evaluation** is a type of evaluation measuring the extent to which program activities led to specified results or products (outputs on the logic model). It also looks at the extent to which the program is implemented as designed and the barriers encountered. Typical data sources include program documents, service/client records, surveys, interviews, and observation.
- **Outcome evaluation** is a type of evaluation measuring the effects of the program for its target audiences, especially in terms of these audiences' awareness, knowledge, and behavior. It includes partner outcomes and long-term outcomes on the logic model.
- **Impact evaluation** intends to gauge whether these outcomes have led to fundamental changes in the social systems; these are the impacts in the logic model. Measuring the impact of the program requires comparing its outcome from a sample of participants with an estimate of what these outcomes would have been for the same group in the absence of the program. Possible research designs fall into three categories: experimental, quasi-experimental, and nonexperimental.

Where does the Outreach Partnership Program currently stand with regard to these types of evaluation? The feasibility of conducting each type of evaluation will be discussed, starting with impact evaluation, the most encompassing.

An impact evaluation is not feasible at this time and would be very difficult to conduct in the future. The types of impacts that the program would like to make are reflected in its goals. Three of the five Outreach Partnership Program goals are very broad—to encourage people with symptoms of mental illness and/or substance abuse to seek help, to diminish health care disparities, and to reduce stigma. Indeed, these goals reflect the goals of most mental health programs. No system is currently in place to measure them, so change on any of these dimensions resulting from OPP cannot be measured. The resources needed to develop a system to measure such changes are way beyond the scope of OPP.

An evaluation of long-term outcomes also is not possible at this time for many of the same reasons that an impact evaluation would be difficult. However, the interviews with nine Outreach Partners provided several evaluation activities that OPP might be able to tap into that might suggest that some of the desired changes are occurring in at least some limited geographic areas. Followup contacts should be made concerning each of the suggestions mentioned in this report to determine if some type of relationship is possible. It is probable that OPP would need to provide some funds in order for these evaluations to include a component specifically related to OPP. The program should also ask the partners that were not interviewed about possible opportunities in their states.

While some data are available for evaluating the partner outcomes on the logic model, additional data are needed (Table 20). Some of these additional data could be obtained by revising the progress report. However, adding questions to the progress report form would increase the burden for the Outreach Partners. A preferred approach would be to conduct an evaluation in 2-3 years. Focus areas for the evaluation would be changes over the 2 to 3 year period and the barriers to change as well as factors that facilitated positive changes.

Table 20.—Data currently available and additional data needed in order to evaluate partner outcomes

Partner outcomes	Data availability	Additional data needed
Partners' perceived benefit from partnership	Progress report, partnership section, Q1, 2, 3, 4, 5d, 5e, and 6	While this topic is addressed from several perspectives on the progress report, in an evaluation, one would want to determine what benefits the partners consider to be the most important and changes in perceived benefits over time.
Increased credibility within the community	Progress report, partnership section, Q4, 5d, and 5e	Many of the responses to the open-ended questions in various parts of the progress report mention credibility. Specific questions on credibility might be added to the progress report, such as: 1) Has your organization gained credibility within the community as a result of the NIMH partnership? 2) If yes, in what ways? And then provide a list of possibilities such as being asked to serve on a state planning committee.
Increased/improved partnerships with other organizations	Progress report, partnership section, Q1, 3, 5a, 5b, 5c, 5d, 6	The progress report addresses partnerships with other organizations at the end of each reporting cycle. However, it does not provide information about changes in the partnerships over time, which would be done in an evaluation. Analysis of the current questions over time would provide very limited information about increased or improved partnerships.
Ability to leverage additional funds	Progress report, partnership section, Q3, Secured additional funding	More detail would be useful such as the amount of money leveraged; types of organizations providing the funding. These questions could be added to the progress report.
Increased/improved distribution of NIMH publications	NIMH's Publications distribution data provides a wealth of information on the distribution of publications to the Partners. Dissemination of the publications by the Partners is addressed in the NIMH Publications & Resources section of the progress report.	Electronic dissemination of the publications by the Partners, which would be expected to grow in future years, is generally not covered in the progress report, except for *NIMH Update*.
Increased/improved media outreach	Progress report, organization section, Q4 and 5; and outreach activities section, Q7 first column	This topic has little coverage in the progress report. At a minimum, OPP might want to capture the types of media used and the frequency each is used.
Increased/improved minority outreach	Progress report, outreach activities section, Q6	This question could be improved by using the response categories discussed on the previous section of this report rather than yes/no.

Table 20.—Data currently available and additional data needed in order to evaluate partner outcomes—continued

Partner outcomes	Data availability	Additional data needed
Increased/improved worksite education	Progress report, outreach activities section, Q5 touches on this a little	According to the interviews, this activity is just beginning. Therefore, at this time, perhaps the progress report could ask if any worksite education is being done. A later evaluation could examine change over time.
Increased/improved outreach to gatekeepers for special populations	Progress report, outreach activities section, Q5 mentions gatekeepers	Questions that could be added to the progress report include the types of gatekeepers and the types of outreach activities being conducted
Strong relationship with the state mental health program director	Progress report, organization section, Q2a, 2b, 2c and 2d ask about the SMHPD, but not about the strength of the relationship	A question about the strength of the relationship (discussed in the previous section of this report) could be added to the progress report.
Increased/improved assistance with clinical trials recruitment	Progress report, organization section, Q6g, which asks about links to the NIH clinical trials website	A question about additional recruitment activities (e.g., including information in newsletters or posting it in offices) could be added to the progress report. In an evaluation, one would want at look at changes over time as well as barriers and facilitators.
Increased/improved feedback to the local research community	Interaction with the local research community is only tangentially addressed in the progress report, possibly through the scientific advisor or through groups	As a first step, OPP might want to ask if the partners are providing feedback to the local research community. A later evaluation could look at change over time.
Increased/improved feedback to NIMH on research priorities	This is not covered on the progress report.	This might be added to the progress report. However, an alternative approach would be to address it as part of the annual meeting.

At the present time, OPP could conduct a process evaluation that would focus on the outputs of the program, as shown in the output column of the logic model. The progress report already collects information about the number of occurrences of many of the outputs. A process evaluation would obtain the following additional information:

- Barriers to implementing activities that result in the various outputs;
- Ways to overcome the barriers;
- Topics that have been discussed via the various OPP communication mechanisms;
- How the information obtained via the OPP communication mechanisms was used;
- Topics about which the Outreach Partners would like more information;

.Problems in obtaining data about the outputs;

- Ways that the data collection problems might be resolved;
- Lessons learned in implementing the program; and
- Suggestions for other partners.

The suggested methodological approach for the process evaluation is a survey of all state partners. This would allow the OPP to gain greater insight into various Partner's programs and possible barriers they face in implementing these projects. The survey would not only provide more detailed information, but also allows the program to look at the Partners over an extended period of time unlike the annual data that is currently provided via the Progress Report. An alternative format would be needed for newly funded partners, since some of these topics are not yet relevant for them. In addition, interviews should be conducted with at least a sample of the national partners, which were not included in the feasibility study.

Thus, at the present time, several options are available to OPP. One is conducting a process evaluation focusing on program outputs. The second is preparing for a future evaluation of partner outcomes by revising the progress report and establishing a standard set of figures for publications distribution data.

APPENDIX A

INTERVIEW GUIDE FOR IN-DEPTH INTERVIEWS OF PROJECT PARTNERS

A Feasibility Study for Evaluating NIMH's
Outreach Partnership Program

In-Depth Interview of Project Partners

Organization Name:

Respondent Name:

Number of Years Respondent Has Been with the Organization:

A. BENEFITS OF PARTNERSHIP

1. Has your organization benefited by your partnership with NIMH? Yes No

   If yes, in what ways?

   If no, why not?

2. Was your organization able to do any new activities as a result of the partnership with NIMH?

   Yes No If no, why not? [SKIP TO Q4]

3. If yes, what types of new activities were you able to do?

For each activity named, ask:

   Please describe the activity.

   What types of documentation did you maintain regarding this activity?

   What data are available?

   What data could you collect if you knew in advance that they would be requested?

4. Was your organization able to enhance any of your activities as a result of the partnership with NIMH?

   Yes No If no, why not? [SKIP TO Q6]

5. If yes, in what ways were you able to enhance your activities?

For each activity named, ask:

   Please describe the activity.

   How was this activity enhanced by your partnership with NIMH?

What types of documentation did you maintain regarding this activity?

What data are available?

What data could you collect if you knew in advance that they would be requested?

B. NIMH RESOURCES AND SERVICES

NIMH provides resources and services to partner organizations. I will be asking your opinion about the usefulness of these services.

6. For each resource or service listed below, ask:

Has your organization found this service to be useful?

If yes, in what ways has it been useful?

Is there anything you would want to change about this service?

If yes, what would you like to change?

Resources and Services:

- Annual meeting
- Listserv
- Newsletter – *NIMH Update*
- Outreach partner's web site
- Teleconferences
- Availability of publications for mail order
- Availability of electronic publications
- Technical assistance
- $7,500 stipend

7. What resource or service has been most beneficial to your organization?

C. ACTIVITIES

Now I will ask about some specific activities that your organization might be doing.

8. For each activity listed below, ask:

Is your organization engaged in this activity? Yes No

If yes, briefly describe the activity.

Has your participation in the NIMH Outreach Partnership Program influenced the conduct of this activity? Yes No

If yes, in what way? [PROBE: Is your organization doing this activity solely because it is part of the Partnership Program?]

What data are available regarding this activity?

What additional data could be available if you knew in advance that they would be requested?

Activities: [NOTE: DO NOT REPEAT ANY ACTIVITIES THAT WERE ALREADY COVERED IN SECTION A]

- Distributing print materials on mental health and drug and alcohol abuse
  PROBES: New materials available through NIMH; change in use of science-based materials as a result of the partnership with NIMH; number of each material disseminated; method of distribution; where the materials were distributed; to whom the materials were distributed, including minority groups and types of special populations

- Making materials available on your website
  PROBES: Advantages and disadvantages of hard copy vs. downloaded copies from the web; number of NIMH materials available on your website; number of hits; website pages most often accessed; number of sites that link to your site; inquires via your website

- Using broadcast media to provide information on mental health and drug and alcohol abuse
  PROBES: Public service announcement placements (number, audience figures, equivalent dollar value); clippings (circulation figures of those clips); media impressions; inquiries that result

- Making science-based presentations
  PROBES: Number of people attending; topic of presentation; feedback on the presentation such as evaluation forms

- Communicating with the state Mental Health Program Director's office PROBES: Frequency; in what circumstances; resulting action

- Establishing and using a partnership with a qualified scientific advisor
  PROBE: How was the partnership established? In what circumstances?

- Conducting outreach to minority groups PROBE: What groups? Most frequent types of outreach

- Arranging science-based presentations for groups that serve as gatekeepers to a special population
  PROBES: What gatekeepers? What special population? Number of presentations; number of attendees; information from attendee evaluations

- Working with one major employer in your state
  PROBES: How was the employer selected? Estimated number of employees that were reached; number of employees that sought treatment as a result of partner activity

- Engaging the community in clinical research
  PROBES: Number of individuals recruited for clinical trials; number of presentations; number of researchers contacted

- Addressing substance abuse
  PROBE: Proportion of activities

- Addressing co-occurring issues
  PROBE: Proportion of activities

- Responding to inquiries PROBES: Subject of inquiry; source of inquiry such as in response to a radio PSA

D. ADDITIONAL DATA COLLECTION BY THE ORGANIZATION

9. Does your organization collect any additional data that has not already been discussed?
   Yes No [SKIP TO SECTION E]

10. If yes:

    What kind of data are collected?

    How are the data collected?

E. FEEDBACK

11. Do you feel you have access to NIMH as a result of your partnership?
    Yes No [SKIP TO Q13]

12. If yes, how?

13. What has been your relationship with the local research community?

14. Has this relationship been affected by your partnership? Yes No [SKIP TO Q16]

15. If yes, how?

E. OUTCOMES

16. Has your organization gained in any other way as a result of participation in the Outreach Partnership Program?

    PROBES: Increased credibility; obtaining additional funding from other organizations; partnering with other organizations in your state

17. The Outreach Partnership Program has established several formal mechanisms in which your organization can communicate with other partner organizations. Do you communicate with other partners outside of these formal exchanges? Yes No [SKIP TO Q19]

18. If yes, under what circumstances do you communicate with other partners? How do you communicate, e.g., e-mail, telephone?

19. Some of the possible long-term outcomes of the NIMH Partnership Program include increased knowledge and awareness of research-based information about mental illness and substance abuse disorders and increased utilization of mental health and substance abuse treatment services. Have you obtained any information that these types of outcomes are occurring? Yes No [SKIP TO Q21]

20. If yes, please explain.

21. Are there any sites within your state that could be visited to obtain this type of information? These might include a clinic, hospital, community-based organization, etc. If yes, please explain.

22. Generally, what are the greatest barriers for your organization? These barriers may not necessarily be connected to activities associated with the Partnership Program.

23. Do you have any additional comments you would like to make about the NIMH Outreach Partnership Program?

APPENDIX B

PROGRESS REPORT FORM

NIMH Outreach Partnership Program: Progress Report Questions

Progress Report Summary Module
Collected annually in March

My Organization

1. Information about your organization.

1(a). Director contact information: *[question removed for July-Dec 2004 reporting period]*

First Name:
Last Name:
Title:
Organization:
Address:
City:
State:
Zip/Postal Code:
Phone:
Email:

1(b). Outreach Partner contact information: *[question removed for July-Dec 2004 reporting period]* First Name: Last Name:
Title:
Organization:
Address:
City:
State:
Zip/Postal Code:
Phone:
Email:

1(c). Organization Mission:
<Open Ended>

1(d). Type of services, events and programs your organization performs (not a listing of current activities). For example, outreach, information, dissemination, treatment referral, etc. <Open Ended>

1(e). D
o you have a membership base? Yes/No
(If No, go to #1(g))

1(f). If so, how many members do you have?
Up to 50
51-100
101-200
201-500
501-1,000
1,001-5,000
5,001-10,000
10,001-100,000
More than 100,000

1(g). Do you have affiliates? Yes/No(If No, go to #1(i))

1(h). If so, how many?
Up to 50
51-100
101-200
201-500
501-1,000
1,001-5,000
5,001-10,000
10,001-100,000
More than 100,000

1(i).How many staff members do you have?

Paid:	Up to 2	Volunteer:	Up to 2
	3-5		3-5
	5-10		5-10
	10-19		10-19
	More than 19		More than 19

2(a). Do you interact with your State Mental Health Program Director (SMHPD)?
Yes/No (If No, go to #3(a))

2(b). How often?
Weekly
Monthly
1-2 times a year
Never

2(c). Has your partnership with NIMH been helpful in establishing and/or improving your interaction with your SMHPD?
Extremely Helpful
Very Helpful
Moderately Helpful
Not Helpful

2(d). How?
<Open Ended>

3(a). Do you interact with your Scientific Advisor (SA)?
Yes/No (If No, go to #4)

3(b). How often?
Weekly
Monthly
1-2 times a year
Never

3(c). Has your partnership with NIMH been helpful in establishing and/or improving your interaction with your SA?
Extremely Helpful
Very Helpful
Moderately Helpful
Not Helpful

3(d). How does the SA participate in your outreach activities?

Recommends and/or facilitates new contacts, partnerships	Yes/No
Reviews/develops materials	Yes/No
Speaks at events/workshops	Yes/No
Helps with planning events and special projects	Yes/No
Other (Please specify):	

4. Do you work with a public relations firm?
Yes/No

5. Do you forward information (e.g. published articles, press releases, newsletters) on your media outreach to NIMH?
Yes/No

6(a). Do you have a website? Yes/No (If No, go to #7)

6(b). Do you perform website maintenance in-house?
Yes/No

6(c). Does your website link to NIMH (http://www.outreach.nimh.nih.gov)?
Yes/No

6(d). Do you link to the Outreach Partnership Program (http://www.outreach .nimh.nih.gov) web page to help with name recognition of the program?
Yes/No

6(e). Do you have a web page that links directly to the NIMH publications and resource area?
Yes/No

6(f). Do you have a web page that links directly to the NIMH clinical studies (http://www.nimh.nih.gov/studies/index.cfm)?
Yes/No

6(g). Do you have a Web page that links directly to the NIH Clinical Trial website (http:// www.clinicaltrials.gov)
Yes/No

7. Would it be helpful to you to receive a "Certificate of Attendance" for the annual meeting?
[question removed for July-Dec 2004 reporting period]
Yes/No

8. For future Outreach Partnership Program Annual Meetings, are you interested in receiving CE credits (CME, counselor, nurse, social worker)? *[question removed for July-Dec 2004 reporting period]*
Yes/No

9. Other comments: *[question no. 7 for July-Dec 2004 reporting period]*

Partnership Section

1. How useful has your partnership with NIMH been in forming partnerships with other organizations?
Extremely Helpful
Very Helpful
Moderately Helpful
Not Helpful

2. How useful has your partnership with NIMH been for your outreach activities (e.g. NIMH Update, annual meeting, access to NIMH publications)?
Extremely Helpful
Very Helpful
Moderately Helpful
Not Helpful

3. Largely as a result of your partnership with NIMH, your organization has achieved which of the following during this reporting period:

Began work with a new gatekeeper group	Yes/No
Worked with a scientific advisor	Yes/No
Helped promote participation in government sponsored clinical trials	Yes/No
Strengthened relationship with State Mental Health Program Director	Yes/No
Secured additional funding	Yes/No
Provided science-based mental health information to stakeholders within your state (e.g. legislators, advocacy organizations, gatekeepers)	Yes/No
Began work with a new underserved population	Yes/No

Please provide a brief example:

Locally	Yes/No
Statewide	Yes/No

Expanded outreach already being conducted to underserved population(s)
Please provide a brief example:

Locally	Yes/No
Statewide	Yes/No
Collaborated with other local advocacy organizations on events and/or programs	Yes/No
Collaborated with other national advocacy organizations on events and/or programs	Yes/No

4. Is your organization recognized (known) as a source of science-based mental health information locally or statewide?
Yes/No

5(a). Are you a member of an active local or statewide coalition that conducts mental health related outreach?
Yes/No

5(b). If so, please give the names(s) of the coalition/program and list the names of the organizations that you partner with to do outreach.
<Open Ended>

5(c). If you are not a member of an official coalition, but you do partner with other organizations to do outreach, please list the names of those organizations.
<Open Ended>

5(d). How has your partnership with NIMH helped your organization establish relationships with other organizations and/or improve your joint outreach activities?
<Open Ended>

5(e). Other ways the NIMH partnership has been beneficial to your organization:
<Open Ended>

6. Is you partnership with NIMH helpful to your organization in improving your relationships with stakeholders and consumers?
Extremely Helpful
Very Helpful
Moderately Helpful
Not Helpful

7. Do you have an electronic file of Local Partnership Members available to share with other OPs?
[question removed for July-Dec 2004 reporting period]
Yes/No

8. **Other comments:** *[question no. 7 for the July-Dec 2005 reporting period]*

NIMH Publications & Resources Section

1. How useful are NIMH publications?
Extremely Helpful
Very Helpful
Moderately Helpful
Not Helpful

2. Do you order NIMH publications off the program website?
Yes/No

3(a). Do you access the publications online?
Yes/No (If No, go to #4)

3(b). If so, how?

View Only Yes/No
Download/distribute Yes/No

4. How do you incorporate NIMH material into your outreach activities (non-media)?

General conference/meeting information packets Yes/No
Mass mailings Yes/No
At exhibit booths Yes/No
Distributions locations (clinics) Yes/No
E-mails/Listserv messages to
encourage people to order publications Yes/No
off the Internet through:
A link to the NIMH website Yes/No
A link to your organizations website Yes/No
Other (please specify):

5(a). Approximately how many NIMH publications do you distribute locally each month?

Up to 50
51-100
101-200
201-500
501-1,000
1,001-5,000
5,001-10,000
10,001-100,000
More than 100,000

5(b). Approximately how many NIMH publications do you distribute statewide each month?

Up to 50
51-100
101-200
201-500
501-1,000
1,001-5,000
5,001-10,000
10,001-100,000
More than 100,000

6(a). Do you provide NIMH material to individuals and/or organizations involved in mental health education/outreach?

Yes/No

6(b). If so, who? (e.g. schools, businesses, medical groups, corporations, other organizations with related focus/audience)

<Open Ended>

7(a). Is the NIMH Update useful to your organization?

Yes/No

7(b). Who do you forward the Update to? (Please check all that apply.)

Scientific Advisor	Yes/No
State Mental Health Program Director	Yes/No
Listservs	Yes/No
Constituencies	Yes/No
Other (please specify):	

7(c). How widely do you distribute the Update? (Number of people)

Up to 50
51-100
101-200
201-500
501-1,000
1,001-5,000
5,001-10,000
10,001-100,000
More than 100,000

7(d). What would you like to see more/less of in the Update?

Outreach Strategies
More/Less

Program announcements
More/Less
Partner activities in the Calendar of Events section
More/Less
Government funding opportunities
More/Less
Resources (e.g., publications, toolkits
More/Less
Anything else?

Please specify

Other Comments

Outreach Activities Section

1(a). Has your partnership with NIMH helped to establish or improve your outreach activities?

Yes/No

1(b). Please elaborate. You are encouraged to be candid in your response.

<Open Ended>

2. How many <u>local</u> outreach efforts do you perform every year (approximate)?

Up to 2
3-5
5-10
10-19

More than 19

3. How many statewide outreach efforts do you perform every year (approximate)?

Up to 2
3-5
5-10
10-19
More than 19

4. How many of your programs/events/activities over the last year included dedicated sessions/talks on alcohol or substance abuse (approximate)?

Up to 2
3-5
5-10
10-19
More than 19

5. What type of organizations/groups have you worked with for outreach over the last year? (Please check all that apply.)

General Population	Yes/No
State Agency	Yes/No
Local Government	Yes/No
Hospitals	Yes/No
General Practitioners/Nurses	Yes/No
Primary Care Providers	Yes/No
Community Based Group	Yes/No
Media	Yes/No
K-12 Schools/Nurses	Yes/No
Colleges	Yes/No
Gatekeepers	Yes/No
Clergy/Faith Based	Yes/No
Out-of-the-Box Organizations	Yes/No

(e.g. corporations, small businesses, factories, plants)
Please Specify:
Other (please specify):

6. What populations did your outreach activities reach over the last year? (Please check all that apply.)

Parents	Yes/No
Children	Yes/No
Older Adults	Yes/No
African Americans	Yes/No
American Indian/Alaskan Native	Yes/No
Hispanics/Latinos	Yes/No
Asian Americans	Yes/No
Rural Populations	Yes/No
Gay, Lesbian, Bisexual, Transgender	Yes/No
Media	Yes/No
Workers	Yes/No
Consumers	Yes/No
Law Enforcement	Yes/No

Correctional Facilities	Yes/No
People with Co-occurring Illnesses	Yes/No
Diabetes	Yes/No
Heart Disease	Yes/No
Cancer	Yes/No
Stroke	Yes/No
Parkinson's Disease	Yes/No
HIV/AIDS	Yes/No
Alcohol Abuse	Yes/No
Drug Abuse	Yes/No

Other disorders not listed (please specify):

7. Over the last year, which of the following mental health topics have been the focus of your outreach activities? (Please check all that apply.)

	Media	Other Outreach
General Wellness	Yes/No	Yes/No
Brain Awareness	Yes/No	Yes/No
Adult MH	Yes/No	Yes/No
Children's MH	Yes/No	Yes/No
Family Support	Yes/No	Yes/No
Consumer Support	Yes/No	Yes/No
Consumer Rights	Yes/No	Yes/No
Stigma/Discrimination	Yes/No	Yes/No
Bipolar Disorder	Yes/No	Yes/No
Schizophrenia	Yes/No	Yes/No
Attention Deficit Hyperactivity Disorder – Attention Deficit Disorder (AD/HD – ADD)	Yes/No	Yes/No
Depression	Yes/No	Yes/No
Anxiety	Yes/No	Yes/No
Post-Traumatic Stress Disorder (PTSD)	Yes/No	Yes/No
Suicide	Yes/No	Yes/No
Stress	Yes/No	Yes/No
Co-occurring Disorders	Yes/No	Yes/No
Alcohol	Yes/No	Yes/No
Bullying	Yes/No	Yes/No
Eating disorder	Yes/No	Yes/No
Medications	Yes/No	Yes/No
Access to Treatment	Yes/No	Yes/No
Recovery	Yes/No	Yes/No

Other (please specify):

8. Estimated audience reached last year for all outreach activities?

Up to 50
51-100
101-200
201-500
501-1,000
1,001-5,000
5,001-10,000
10,001-100,000
More than 100,000

9. What topic areas would you like addressed for information on mental health, alcohol and/or drug abuse that would help in your outreach activities? (Please check all that apply.)

Mental Health:

Anxiety Disorders	Yes/No
Depression	Yes/No
Postpartum Depression	Yes/No
Autism	Yes/No
Obsessive Compulsive Disorder	Yes/No
Bipolar Disorder	Yes/No
Schizophrenia	Yes/No
Science to Service	Yes/No

Alcohol Abuse:

Teen Drinking	Yes/No
College Drinking	Yes/No
Alcohol (general)	Yes/No
Abuse and Alcoholism (General)	Yes/No
Alcohol and its Effects on the Body	Yes/No
Alcohol and Families	Yes/No
Alcohol Treatment	Yes/No
Alcohol Prevention	Yes/No
Alcohol Research Findings	Yes/No
Alcohol Facts/ Frequently Asked Questions	Yes/No

Drug Abuse:

Teen Drug Abuse	Yes/No
Drug Abuse and Addiction (general)	Yes/No
Addiction and Families	Yes/No
Substance Abuse Treatment	Yes/No
Substance Abuse Prevention	Yes/No
Drug Abuse Research Findings	Yes/No
Drug Abuse Facts/ Frequently Asked Questions	Yes/No
Cocaine/Crack Use	Yes/No
Marijuana Use	Yes/No

Other:

Caffeine	Yes/No
Smoking	Yes/No
Nicotine Use (e.g. Chewing tobacco, Patches, etc.)	Yes/No

Other topics not listed in these four categories (please specify):

10. What are the top five audiences you would like to reach on the topics of alcohol and drug abuse?

School-age Children/ Teens	Yes/No
College Students	Yes/No
Older Adults/Elderly	Yes/No
Men	Yes/No
Women	Yes/No
Families	Yes/No
African Americans	Yes/No
American Indians	Yes/No
Asian Americans	Yes/No
Caucasians	Yes/No
Hispanics/Latinos	Yes/No
Other (please specify):	

11. Which of these national events do you currently participate in?

National Depression Screening Day	Yes/No
National Anxiety Disorders Screening Day	Yes/No
National Alcohol Screening Day	Yes/No
Eating Disorders Awareness Week	Yes/No
Mental Illness Awareness Week	Yes/No
Brain Awareness Week	Yes/No
Mental Health Month	Yes/No
Other (please specify):	

12(a). Does your organization hold (independently or as a major partner) any large (100 people+) annual meetings?

Yes/No (If No, go to #13(a))

12(b). If so, when?

Fall
Winter
Spring
Summer

13(a). Do you hold at least one state or regional public meeting (not an annual meeting) a year (e.g. conference, workshop, seminar)?

Yes/No (If No, go to #14)

13(b). If so, when?

Fall
Winter
Spring
Summer

14. Other Comments:

Other Comments Section

1. At the 2003 annual meeting, each Partner was provided with a Real Men. Real Depression. campaign kit to help promote the campaign in their states. Please check all that apply, and give a brief summary or a list of other ways you used the kit (e.g. in a media campaign, as part of an article, etc.):

Worked with local media outlets to promote the campaign in my community and/or state	Yes/No
Linked to the Real Men. Real Depression. Website **(http://menanddpression.nimh.nih.gov)** from my organizations website	Yes/No
Conducted an outreach event/program based on this topic	Yes/No
Published an article in our newsletter providing information on the campaign	Yes/No
Reproduced material for distribution in response to inquires	Yes/No
Distributed Men and Depression material at local or statewide exhibits, health fairs, etc.	
Did not use	Yes/No
Other	Yes/No

Please specify

2. Are there any improvements NIMH should make to the Outreach Program?

3. Please submit additional comments here.

APPENDIX C

OUTREACH DATA COLLECTION FORM USED BY ONE STATE

Reported to: ▫ MHA Data Base
❑ State ▫ NMHA ▫ NIMH

Mental Health Association of Northern Kentucky
513 Madison Ave., 3rd Floor, Covington, KY 41011
Main 859-431-1077 Fax 859-292-2485

Awareness Outreach Form

Event Name _____Event Number
Date _____

Setting/Location:

❑ MHA office, ▫ Mall, ▫ Community center, ▫ Workplace, ▫ Faith-Related, ▫ Preschool/Daycare, ▫ Elementary,
❑ Middle, ▫ High, ▫ College, ▫ Local Government, ▫ State, ▫ Hospital, ▫ Primary Care Office,
❑ Community-Based Service, ▫ Other_____

Activity Type (Check all that apply)

❑ Presentation/Workshop/Training ▫ Evaluations ▫ Information/Referral
❑ Literature Distribution/mailing ▫ Planning Activity ▫ Exhibit/Fair
❑ Fund Raising Event ▫ Advocacy ▫ Screening (Number refusing referral _____)
❑ Media Outreach:
  ❑ Press Release, ▫ Newspaper Article, ▫ Radio, ▫ TV-Broadcast, ▫ TV-Cable, ▫ Billboard,
  ❑ Magazine Article, ▫ Newsletter (not MHA), ▫ Online Media, ▫ Website
  Hits as a Result of Activity or Media Report _____
  Name of media outlet _____
  Title/Description
  Circulation/Viewer ship _____
❑ Related To National Event:
  ❑ National Depression Screening Day, ▫ National Anxiety Disorders Screening Day, ▫ Brain Awareness Week
  ❑ National Alcohol Screening Day, ▫ Mental Illness Awareness Week, ▫ Mental Health Month,
❑ Other

Topics Covered (Check all that apply)

❑General Wellness	▫ Stress	▫ Depression
❑Bipolar	▫ Anxiety	▫ Schizophrenia
❑Children's Mental Health	▫ ADHD	▫ Medications
❑Bullying	▫ Suicide	▫ Brain Awareness
❑Co-Occurring Disorders	▫ Recovery	▫ Crisis-Trauma
❑Stigma-Discrimination	▫ Juvenile Justice	▫ Access To Treatment
❑Consumer Rights	▫ Insurance Parity	▫ Mental Health Care Reform
❑Other		

Partners Involved in Activity Planning-Implementation: Please provide the name of the coalition(s):

_____ ,
Key Person (▫ State Official, ▫ Commissioner): _____ ,
Consumers: _____, # Professionals: _____, # Family Members: _____

Coordinating Contact Name:
Organization
Address

Phone
Email
Other:

Reported to: - MHA Data Base
- State - NMHA - NIMH

Materials disseminated (number and topics)

MHA

Agency Brochure _____ Mental Health Services _____ Facts for Families _____
Other _____

NMHA

Depression and African Americans	_____	Overcoming Depression in Later Life	_____
What is Depression	_____	Anxiety	_____
Finding Hope and Help	_____	Que Es La Depression	_____
What Does Gay Mean	_____	Building a Dlg for Recovery	_____
Antipsychotic Side-effects Checklist	_____	Giving Support to Someone Close to You	_____
Fostering a Dialogue for Recovery	_____	Psychiatric Advance Directives	_____
After A Diagnosis	_____	Treatment Options For Recovery	_____
Support Services for Recovery	_____	Making the Journey – Recovery	_____
Recovery Video	_____	Other	_____

NIMH

	English	Spanish
Anxiety Disorders	_____	_____
Anxiety – simple language	_____	_____
OCD – simple language	_____	_____
Panic – simple language	_____	_____
PTSD – simple language	_____	_____
Social Phobia – simple language	_____	_____
ADHD	_____	_____
Stories of Depression	_____	_____
Let's Talk About Depression	_____	_____
Men and Depression	_____	_____
Real Men Real Depression – Courage	_____	_____
Depression and Coexisting Illnesses	_____	_____
Story of Bipolar Disorder	_____	_____
Bipolar Disorder	_____	_____
Bipolar Child and Adolescent Fact Sheet	_____	_____
Schizophrenia – Childhood Onset	_____	_____
Teenage Brain	_____	_____
Treatment of Children with Mental Disorders	_____	_____
What Do These Students Have in Common	_____	_____
Helping Children and Adolescents Cope with Violence and Disaster	_____	_____
What to Do When a Friend is Depressed	_____	_____
Your Child and Medications	_____	_____
Eating Disorders	_____	_____
Medications	_____	_____
Other		

Comments ** Key Outcomes, Lesson Learned, etc.

_____

_____

_____

Reported to: - MHA Data Base
- State - NMHA - NIMH

Participant Types (Check all that apply)

- General public
- Gay-lesbian-bisexual-transgender
- Policy maker
- Clergy-faith community
- Rural population
- Human-social service worker
- Media
- Family member of MI/SA
- Person with MI/SA
- Teacher-educator-administrator
- Health care provider
- Law enforcement-corrections
- Employer-employee
- [illegible]

Parkinson's Disease, HIV/AIDS, alcohol abuse, drug abuse)

- Other

- **Check this box when numbers listed below are in addition to evaluations or screening numbers entered for this event. (The evaluation and screening information entered into other database forms on this system will automatically be added to the numbers below for reports).**

<u>Total participants</u> if no screenings or evaluations associated with this awareness activity.

<u>Sex</u>

Male **Female** **Unknown**

<u>Age</u>

0-5 _____, 6-10 _____, 11-14 _____, 15-18 _____, 19-22 _____, 23-34 _____,
35-54 _____, 55-64 _____, 65-74 _____, 75-84 _____, 85 and up _____, unknown _____

<u>Zip(s)</u>

<u>Race</u>

White _____ American Indian _____ Hispanic/Latino Origin _____ Multi race _____
Black _____ Asian _____ Appalachian _____ Native Hawaiian/Pacific Islander _____ Unknown _____

<u>Income</u>

0 - 9,999 _____ 10 - 14,999 _____ 15 - 19,999 _____
20 - 29,999 _____ 30k + _____ Unknown _____

<u>County or Area of Residence</u>

Boone _____ **Other KY Areas**
Campbell _____ Western KY (Paducah) _____ North East KY (Ashland) _____
Kenton _____ South Western KY (Hopkinsville) _____ Eastern (Prestonsburg) _____
Grant _____ West KY (Owensboro) _____ Southeastern KY (Hazard) _____
Warren _____ Southern KY (Bowling Green) _____ South KY (Cumberland) _____
Hamilton _____ Central KY (Elizabethtown) _____ South KY (Somerset) _____
Cincinnati proper _____ Western KY (Louisville) _____ Central KY (Lexington) _____
Clermont _____ North East KY (Maysville)
Brown
Other

APPENDIX D

CONTENT ANALYSIS OF SELECTED OPEN-ENDED QUESTIONS IN THE 2004 PROGRESS REPORT

Content Analysis 2

2004 Progress Report

Organization section
Question 2d: How has your partnership with NIMH been helpful in establishing and/or improving your interaction with your SMHPD?
Number of states responding = 41

Response category	Number of states*
Type of relationship	
• Already had a working relationship prior to the partnership	11
• Strengthened the relationship	2
• SMHPD was recently replaced	2
• Re-established the connection	1
• Same as in the past	1
Factors that have been helpful	
• NIMH materials/latest research information	13
• Enables the state partner to serve as a source of information	8
• Provides credibility	6
• Share projects	6
• Information to assist with state-level activities such as planning or serving on a committee	5
• Facilitates communication	2
• Collaboration on grants	1
• SMHPD provides matching funds	1

*States could provide more than one response.

Content Analysis 2

2004 Progress Report

Organization section
Question 3d: How does the SA participate in your outreach activities?
Other (Please specify):
Number of states responding = 12

Response category	Number of states
Outreach partner organization includes staff who serve as the SA	2
As a result of staff changes, the relationship with the SA needs to be re-established	1
SA provides input regarding proposed legislation/policy development	2
SA assists with questions	1
Joint grant applications	1
SA contributes articles[1]	1
SA assists in the establishment of support groups on college campuses	1
SA assists with the planning and conduct of educational forums[2]	1
Outreach partner participates in SA's activities[3]	2

[1]Similar to a response category already provided.

[2]Response could be merged with a pre-existing response category.

[3]Interaction is in the opposite direction of what is asked in the question.

Content Analysis 3
2004 Progress Report

Partnership section
Question 3g: Example of working with a new underserved population.
Number of states responding = 18 (Only states that had done this activity provided an example)

Response category	Number of states*
Underserved population	
• Hispanic/Latino	5
• Co-occurring/substance abuse	3
• Rural communities	2
• Minority groups	2
• Pregnant/postpartum women	1
• Families of severely emotionally disturbed children	1
• Children with eating disorders	1
• Older adults	1
• Refugees/immigrants	1
• People with mental illness who are in prison	1
• People with various diseases	1
• Men	1
• Poor people	1
How services were provided	
• Collaborated with other organizations	5
• Conducted screenings	3
• Provided information on services available	2
• Provided services in other languages (e.g., bilingual case workers, materials in Spanish)	2
• Identified prevalence rates of depression	1
• Worked on suicide prevention	1
• Obtained a grant	1

*States could provide more than one response.

Content Analysis 4
2004 Progress Report

Partnership section
Question 3h: Example of expanded outreach to an underserved population.
Number of states responding = 24 (Only states that had done this activity provided an example)

Response category	Number of states*
Underserved population	
• Hispanic/Latino	7
• Older adults	4
• Rural populations	2
• African Americans	2
• Limited English speaking	1
• Asian Americans	1
• American Indians	1
• Minorities	1
• Migrant	1
• Poor	1
• Children with serious emotional disorders	1
• Families of children with mental disorders	1
• Adolescents	1
• College students	1
• Gay, lesbian, bisexual, transgender	1
Activity	
• Worked with other organizations	8
• Worked with gatekeepers	4
• Provided materials/information	4
• Expanded program to other groups	1
• Hired bilingual case workers	1
• Provided teacher training	1
• Obtained a grant	1
• Conducted advocacy activities	1

*States could provide more than one response.

Content Analysis 5
2004 Progress Report

Partnership section
Question 5d: How has your partnership with NIMH helped your organization establish relationships with other organizations and/or improve your joint outreach activities?
Number of states responding = 45

Response category	Number of states*
Resource for NIMH publications	21
Access to the latest scientific information	18
Credibility	14
NIMH partnership has enabled the state to conduct new activities	3
Provides networking opportunities	3
Provides a national perspective	3
Helped with arrangements for speakers	2
Provided encouragement	1
Described partnership activities	1
Difficult state environment for establishing coalitions at this time	1
Too early to tell	1

*States could provide more than one response.

Content Analysis 6
2004 Progress Report

Partnership section
Question 5e: Other ways the NIMH partnership has been beneficial to your organization?
Number of states responding = 33

Response category	Number of states*
Credibility	10
Networking opportunities	9
Receive the latest research information	7
Access to NIMH materials	7
Information provided at the annual meeting	6
Information about funding opportunities	4
New outreach ideas	4
Access to NIMH staff	3
Establish on-going relationship with other organizations	1
Scientific Advisor has been a helpful resource	1
Information about what is happening at NIMH	1
Information obtained via the listserv	1
Invited to many events statewide	1

*States could provide more than one response.

Content Analysis 7
2004 Progress Report

NIMH publications & resources section
Question 8: Other comments?
Number of states responding = 15

Response category	Number of states*
Publications are very beneficial	2
Information in the publications is very helpful	2
Have received requests for discontinued publications	2
Request for publications/campaign on additional topics	2
Request for NIMH to continue developing publications targeted to people with limited educational/reading level	1
Hard copies of publications are still in demand	1
Partner also provides PDF copies of publications via e-mail	1
Partner has people request publications through them rather than through the NIMH website in order to maintain an on-going relationship	1
Describes an approach for brochure dissemination	1
Comments about *NIMH Update*	
• Looking for ways to use it more effectively	2
• Plans for future dissemination	1
• Helpful to see what other states are doing	1
• Very useful publication on many dimensions	1
• Program highlights	1

*States could provide more than one response.

Content Analysis 8
2004 Progress Report

Outreach activities section
Question 1b: How has your partnership with NIMH helped to establish or improving your outreach activities?
Number of states responding = 46

Response category	Number of states*
Access to publications/current research information	40
Provides credibility	14
Helped with collaboration/linkage to other organizations	9
Helped with a particular campaign	3
Ideas for outreach activities	3
Helped in recruiting speakers	2
Networking opportunities/meetings	2
Stipend helped with outreach expenses	1
Access to a Scientific Advisor has been helpful	1
Helped in establishing a community wellness center	1

*States could provide more than one response.

Content Analysis 9
2004 Progress Report

Other comments section
Question 2: Are there any improvements NIMH should make to the Outreach Program?
Number of states suggesting improvements = 30

Response category	Number of states*
Recommendations for additional resources	7
Suggestions about the annual meeting	5
More information on particular topics	4
Continued access to publications/current research	4
Periodic contact with partners (via conference calls or e-mail)	4
Recommendations regarding publication orders	3
Promotion of program to other groups/nationally	2
Further information regarding funding	2
Would like more funding	1
Small interim regional meetings	1
Listserv is overwhelming	1
Encourage Scientific Advisors to follow through on commitments	1
Would like to use some publications that are no longer in print	1
Design a collaborative work plan tailored for each state	1
Had difficulty determining who had used a particular material	1

*States could provide more than one response.

Content Analysis 10
2004 Progress Report

Other comments section
Question 3: Additional comments
Number of states responding = 21

Response category	Number of states*
General appreciation for program and staff/thanks	13
Good resource for materials/information	4
Appreciate the funding increase	2
Increased credibility through the partnership	1
Expanding a particular campaign next year	1
Important to provide best practice methods	1
Uses audiovisual materials in speeches and printed materials	1
Adding a link to the website	1
Would like more information in additional languages	1
Like improvements made in the program over the 5 years	1
Provided sources of additional requests for materials	1
NIMH has helped identify speakers	1
Suggest quarterly conference calls	1
Will miss a specific person	1

*States could provide more than one response.

APPENDIX E

SAMPLE PUBLICATION DISTRIBUTION TABLE

OUTREACH PARTNERSHIP PROGRAM

Publications Distributed By Month
Jan 2004 - Dec 2004

Month	Outreach Orders	All Orders	Percentage
Jan	39,027	188,969	21%
Feb	42,598	188,385	23%
Mar	99,457	365,009	27%
Apr	76,636	248,128	31%
May	70,981	209,981	34%
Jun	87,596	257,550	34%
Jul	53,006	335,598	16%
Aug	116,854	310,894	38%
Sep	98,067	331,971	30%
Oct	64,509	277,237	23%
Nov	52,848	241,012	22%
Dec	34,954	155,339	23%
Total	**836,533**	**3,110,073**	**27%**

APPENDIX F

2005 ANNUAL MEETING EVALUATION FORMS FOR SUNDAY, APRIL 3, 2005 AND FOR THE OVERALL MEETING

NIMH: Outreach Partnership Program
2005 Annual Meeting

Evaluation Form

Sunday, April 3, 2005

Please give us your feedback on today's sessions. Circle the response that best describes how useful presentations and discussions will be to your work and to your Outreach Partnership-related activities in the coming year.

Rating Scale: 5=Very Useful, 4=Useful, 3=Somewhat Useful, 2=Not Very Useful, 1=Not Useful, 0= Did Not Attend

Topic	Very Useful	Useful	Somewhat Useful	Not Very Useful	Not Useful	Did Not Attend
SUNDAY MORNING						
NIMH Science Education Curriculum and Discussion – Miller	5	4	3	2	1	0
NIDA / CSAT Blending Initiative - Johnson	5	4	3	2	1	0
Hope for Tomorrow – Moskos & Cottrell	5	4	3	2	1	0
OVERALL						
Overall relevance of today's meeting to your work	5	4	3	2	1	0
Opportunities for Outreach Partners to network with each other	5	4	3	2	1	0

1. Which aspects of the meeting were most worthwhile, and why?

2. Recommendation(s) for improving next year's meeting or other comments:

Overall Meeting Evaluation
April 1 – 3, 2005

Please give us your feedback on the ***overall annual meeting*** by circling your responses.

OVERALL RATING OF THE MEETING	Excellent	Very Good	Good	Fair	Poor
Overall relevance of the meeting and material presented to my Outreach Partnership-related work	5	4	3	2	1
Amount of information presented in the amount of time allotted	5	4	3	2	1
Amount of time available for networking	5	4	3	2	1
Location of meeting	5	4	3	2	1
Meeting packets and materials	5	4	3	2	1
Logistics and administrative management of the meeting	5	4	3	2	1

1. Which aspects of the meeting were most worthwhile, and why?

2. Recommendation(s) for improving next year's meeting or other comments:

I am a(n):

- ☐ Outreach Partner
- ☐ National Partner
- ☐ Speaker or Guest
- ☐ Federal Government Representative

Name (optional):

Organization (optional):

Thank you!